Form **991**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Inte:		nue Service	► Go to www.irs.gov/Form990 for instructions and	ne latest information	on.	Inspection						
<u>A</u>	For the	e 2018 cale	ndar year, or tax year beginning , 2018,	and ending		, 20						
В	Check i	f applicable	C Name of organization INTL. GUARD UNION OF AMER. LO	OCAL 69	D Employer	identification number						
	Address	s change	Doing business as		85-034	10050						
	Name c	· · · ·	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone							
$\bar{\sqcap}$	Initial re	, i	PO BOX 980		(505)	662-6843						
$\overline{\Box}$		um/terminated	City or town, state or province, country, and ZIP or foreign postal code									
\exists												
\exists	Amended return LOS ALAMOS, NM 8/544 GGross receipts \$ 231,490. Application pending F Name and address of principal officer H(s) is this a group return for subordinates? Yes No											
_	Applica	lion pending		_ L N		ncluded? Yes No						
	T					st (see instructions)						
<u> </u>	Website	empt status		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	oup exemption nu	,						
<u>J</u>			/A									
_				ear of formation 1	988 M State of	legal domicile NM						
۲	art I	Summa										
4.	1	Briefly de	scribe the organization's mission or most significant activities	: LABOR ORGA	NIZATION							
Governance												
E.												
ĕ	2		s box ▶ ☐ if the organization discontinued its operations or d		1 1							
	3		, , ,			215						
ජ ග	4		f independent voting members of the governing body (Part V			0						
ij	5		ber of individuals employed in calendar year 2018 (Part V, lin		. 5	14						
Activities &	6	Total num	ber of volunteers (estimate if necessary)		. 6	18						
۶ ĕ	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		. 7 a	0.						
,	b	Net unrela	. 7b	0.								
,			ated business taxable income from form 990- Lipe 38		r Year	Current Year						
, O	8	Contribut	ons and grants (Part VIII, line 1h) . မြွ		170,345.	225,755.						
Ž	9	Program :										
Revenue	10	_	service revenue (Part VIII, line 2g) 5. MAY 2 0 2019 . at income (Part VIII, column (A), lines 3.4, and 7d)	S. S.	245.	327.						
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c (9c-10p-and 11e).	パード .	3,659.	5,408.						
ļ	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A) li	ne 12)	174,249.	231,490.						
	13		d similar amounts paid (Part IX, column (A), lines 1-3)									
	14		paid to or for members (Part IX, column (A), line 4)		686.	1,190.						
) 1	15	-	ther compensation, employee benefits (Part IX, column (A), lines	5–10)	66,992.	55,130.						
Se	16a		nal fundraising fees (Part IX, column (A), line 11e)		00,330.	00/100.						
Expenses	ь .		Iraising expenses (Part IX, column (D), line 25) ▶	0.								
X	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		82,019.	63,798.						
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 2	5)	49,697.	120,118.						
	19		ess expenses. Subtract line 18 from line 12		24,552.	111,372.						
- S		Tiovolido	COS EXPENSES. CUBRACK III O TO HOIT III O 12		f Current Year	End of Year						
Net Assets or Fund Balances	20	Total acce	ets (Part X, line 16)	<u> </u>	269,857.	377,535.						
Batte	21		lities (Part X, line 26)		6,909.	3,394.						
2 E	22		s or fund balances. Subtract line 21 from line 20		262,948.	374,141.						
				· · ·	.02,940.	3/4,141.						
	irt II		ure Block									
Un	der pena	alties of perjur	y, I declare that I have examined this return, including accompanying schedule te. Declaration of preparer (either than officer) is based on all information of wh	s and statements, and ich preparer has anv kn	to the best of my	knowledge and belief, it is						
		Ti Compie				1/9						
C:-		A			Dots 05/10	417						
_	Sign Signature of officer Date											
He	re		THEW CHAVEZ, TREASURER									
			or print name and title	Data	- 	PTIN						
Pa	id	1	e preparer's name Preparer's signature		Check	17						
	epare	Ronal	d Shibata Royald Shibata	05/06/20		yed P00142543						
	e On	V Firm's na			Firm's EIN ► 85							
		Firm's ac	dress ► 13509 AUBURN NE, ALBUQUERQUE, NM 87	112-6208	Phone no (505	5)275-2111						

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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REV 04/11/19 PRO

X Yes ☐ No

Form 990 (2018)

(Expenses \$ Total program service	ıncluding grants of \$ e expenses ▶) (Revenue \$) See	Statement Form 990 (20	_
(Expenses \$	including grants of \$) (Revenue \$) See	Statement	_
Other program corvi					
Other program service	nos (Deseribe in Schodule O.)				
					-
	·				•
					-
					-
					-
•					-
		Other program services (Describe in Schedule O.)			

Part IV	Che	cklist	of	Req	uired	Sch	edul	es

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a]	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E*Wasiins@exaplete Schedule I, Parts I and II	21		×
		_		_

Part	Checklist of Required Schedules (Continued)							
	Diddle to the second of the se		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J							
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 _a						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b						
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×				
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified							
24	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×				
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>				
33	complete Schedule N, Part II	32		×				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×				
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	×	×				
35a	•	35a						
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36						
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×					
Part Part				_				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	· ·	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?	1c		×				

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	X X	1. A. 33	
•	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	20000000	Stepenson.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ئنتنا	علمت	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		×
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	3555	4. W	V 18
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	16 16 34	100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	الخياتين ×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1.9.5 Marie	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ <u>×</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		_×
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7H	, , , , , , ,	C 658
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	اخدت	4.5
9	Sponsoring organizations maintaining donor advised funds.		EEE	1000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	6 3 4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	61	100	
11	Section 501(c)(12) organizations. Enter:	() () () () () () () () () ()	ة بن كبرو	120
a	Gross income from members or shareholders	73	```	
ь	against amounts due or received from them.)		3 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		للنمتا
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	¥3£	1. 16.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	14.42	II.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		,,,,,,,,,	\$2.43
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.		\$ 6 4 d	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		O III III III I	
	•	Forn	n 990	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	
Secti	on A. Governing Body and Management		V	T
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 215		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	├
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	×	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	meeric	- \ .	
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		لتي	×
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donnerquest Other (explain in Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Matthew Chavez, 1907 CENTRAL, STE. 214, LOS ALAMOS, NM 87544 (505) 662-6843	cords	>	

		-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	id
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

								T	t officer, directo		
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	ition more rson irect	than o is both or/trust	an lee)	trom	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JAIMIE ARCHULETA	4.00										
RECORDING SEC				×				7,020.	0.	0.	
(2) MATTHEW CHAVEZ TREASURER	8.00			×				8,775.	0.	0.	
(3) FERNANDO ROMERO BUSINESS AGENT	15.00			×				4,005.	0.	0.	
(4) MICHAEL LUCERO SARGEANT AT ARMS	4.00			×				3,825.	0.	0.	
(5) JUAN MANZANARES SAFETY OFFICER	4.00			×				1,935.	0.	0.	
(6) JONATHAN ROMERO PRESIDENT	4.00	×		×				7,200.	0.	0.	
(7) JOHN GOMEZ VICE PRES	4.00			×				7,290.	0.	0.	
(8) RAUL RIVERA TRUSTEE	4.00	×						2,700.	0.	0.	
(9) DENNIS QUINTANA TRUSTEE	4.00	×						2,250.	0.	0.	
(10) MATTHEW ARCHULETA TRUSTEE	4.00	×						3,015.	0.	0.	
(11)									-		
(12)											
(13)		_									
(14)					_				· · ·		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)							
	(A)	(B)	(do n	ot ch		ition	than o	one	(D)	(E)		(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportati compensation		Estimated amount of	
		week (list any		1			or/trus	T ·	from	related	ŀ	other	
		hours for related	Individual trustee or director	Institutional truste	Officer	Key employee	혈	Former	the organization	organization (W-2/1099-N		compensat from the	
		organizations	ecto	utio	¤	풀	est c	ē	(W-2/1099-MISC)	(**-271033 11	,,,,,	organizatio	
		below dotted line)	¥ = 1	nal t		loye	ğ					and relate organizatio	
		11116)	stee	rust		°	ens					Organizatio	1113
			"	8			Highest compensated employee						
(15)			-									<u></u>	
3:!													
(16)													
(17)													
								l					
(18)										-			
		<u> </u>			_			<u> </u>					
(19)								1			1		
		 -						-					
(20)	·	ļ											
(04)											+		
(21)								Į]		ļ		
(22)							_		. _		<u> </u>		
(22)		 											
(23)													
120/		†						ĺ			ĺ		
(24)													
(25)													
1b	Sub-total			•			•	>	48,015.		0.		0.
C	Total from continuation sheets to Part			٠	•		•		40.015				
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	48,015.	N 64	0.	\ - (0.
2	Total number of individuals (including but		i to tr	ose	IIST	ea a	BDOVE	e) W	no received m	ore than \$1	00,000	OT	
	reportable compensation from the organi	zation										Yes	No
2	Did the organization list any former of	ficer direc	tor o	r tr	ueta		kav c	mn	Novee or high	est compe	neator	COTES COM	
3	employee on line 1a? If "Yes," complete							•		•	i isalet	3	2 2233 X
4	For any individual listed on line 1a, is the										om the	W02/200704 0000 450	I Sicol
*	organization and related organizations												
	individual	, , , ,										4	×
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion	fror	n any	un un	related organiz	ation or inc	lividua		
	for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	edu	ıle J f	or s	such person			5	<u> </u>
Section	on B. Independent Contractors						_						
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ie c	alend	ar y	ear ending wit	h or within t	the org	ganization's	tax
	year.							ī		· · · · · · · · · · · · · · · · · · ·			
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	
	Traine and Basiness aga												
				-				\vdash					
								 					
								 	·				
	Total number of independent contractor	rs (includin	a hu	t no	ot I	ımit	ed to	th	ose listed abo	ove) who	Control	P. Palister Prairie et	Rapp C
~	received more than \$100,000 of compens								Hotou abt		7700		
			REV 0				_			B	· *** * 75.294* **	Form 99 (
													, ,

		Check if Schedule O contains a resp	ponse or note to	o any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
N N	1a	Federated campaigns 1a	21. 21. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	riotes de Paris (de la Santa		105069.7613.557.2408
Grants	' .	A4 1 11 1	225,755.	4.70		40	
2 5	b	·	223,133.	100			
ffs.	C	Fundraising events 1c		indiana management			midini milijiji na jara sa sa sa sa sa sa miji ji na j
ᅙᇎ	đ	Related organizations 1d					
ns,	е	Government grants (contributions) 1e		4.		A	
er gi	f	All other contributions, gifts, grants,		i mir			
혈본		and similar amounts not included above 11	<u> </u>	ing the second s			Propagation of the control of the co
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$		And the second s	ra-camaranis (
	h	Total. Add lines 1a-1f	<u>., ▶</u>	225,755.			
Program Service Revenue			Business Code		44.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
Ş	2a						•
æ	b			·			
Ķ	С						
Ser	d			1			
Ē	е			,			
gra	f	All other program service revenue.			N.5		
P.	9	Total. Add lines 2a-2f	🗲				
	3	Investment income (including divide	ends, interest,			c	-,
-		and other similar amounts)	•	327.	327.	<u>o.</u>	0.
-	4	Income from investment of tax-exempt bo	ond proceeds ►				-
	5	Royalties	<u> </u>	•			
		(i) Real	(ii) Personal		Andrew Berner 1 To Company of the Co	and seem of the complete	1849 - 92 - Quadrini (Milantina III) - 1, 1949 i m
	6a	Gross rents	•				
	b	Less: rental expenses					
	С	Rental income or (loss)		Landa ta	mor Ven a Car	0100	
	d	Net rental income or (loss)	>				
	7a	Gross amount from sales of (i) Securities	(ii) Other			475 FALTING.	
		assets other than inventory				1.1. *91000mm mm mm mm m 1.1.	endinggroup to the contract of the collection.
	b	Less: cost or other basis	1	The state of the s			
• .		and sales expenses		meaning stational and a	Thursday and a substitution of the	Distribute and part of the committee of	nonegenumur er stammar miljatjangskappen i
·	С	Gain or (loss)				rahit emala sa	
-	đ	Net gain or (loss)	> `	- <u></u>			
				Son Error			
Me	8a	Gross income from fundraising	'				
Ver		events (not including \$		Jonatha Salangay Santahan			
Re		of contributions reported on line 1c).		amount justice and amount in			
e		See Part IV, line 18 a					
Other Revenu	b	Less: direct expenses b		The state of the s	34.24.22		
•	С	Net income or (loss) from fundraising	events . 🕨		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9a	Gross income from gaming activities.			Johnson Johnson	The second secon	er announce place distribution in the second
		See Part IV, line 19 a					
	b	Less: direct expenses b				344277 19	
	С	Net income or (loss) from gaming acti	vities ▶_				· ·
	10a	Gross sales of inventory, less	-	a consideration	admir -		
	l	returns and allowances a			PERMIT TO SERVICE STATE OF THE	Militari gonda	
	b	Less: cost of goods sold b		9,50		the second	
	С	Net income or (loss) from sales of inve		7 6 75 15.	,		900 at 20 10 10 10 10 10 10 10 10 10 10 10 10 10
		Miscellaneous Revenue	Business Code		and College, i.e., constrained sprinter the legistre		FIMILE AND THE PARTY OF THE PAR
	11a	OTHER INCOME	81393	5,408.	5,408.	0.	0.,
	b		ļ		<u> </u>	,	
	С			\$		·	
	d	All other revenue		- p - n	JELEVE ARMEN MANAGEMENT 'S	Management backer open a state of the	Will Dill Barrana Prairie action
	е	Total. Add lines 11a-11d	<u>.</u>	5,408.		Sign of the same o	or the continued by the second
	.12	Total revenue. See instructions .	> _	231,490.	5,735.	0.	· 0.

· Sign with the

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			pp.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		-							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,190. 48,015.	1,190.	· 0.	0.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	2,520.	2,520.	0.	0.					
9 10 11	Other employee benefits	4,595.	4,595.	- '						
a b c	Management	975. 5,520.	975.	5,520.						
d e	Lobbying									
ģ	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12 13 14	Advertising and promotion	333. 1,071.	333.							
15 16	Royalties	10,940.	10,940.							
17 18	Travel	2,410.	2,410.	0.	. 0.					
19 20 21	Conferences, conventions, and meetings Interest	34,114.	41. 34,114.							
22 23	Depreciation, depletion, and amortization . Insurance	650.	(a.1-Xanninininininininininininininininininin	650.	handhidhina di den 47 1322 2020 dike 2020 di					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Sand (b) construction of the construction of t	The state of the s	and the second of the second o	American Service Control of the Cont					
a b	WITNESS FEES TELEPHONE	702	700							
c d e	FOOD/BEVERAGE BANK CHARGES All other expenses	7,042.	4,531.	2,511.	-					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	120,118.	111,437.	8,681.	0.					
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	-	. 1	-	- -					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	-1,391.	1	47,016.
-	2	Savings and temporary cash investments	191,231.	2	252,084.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	45,875.	4	45,875.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	Many months of the second	14 20 2	And the same of th
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges	16,357.	9	14,776.
	10a	Land, buildings, and equipment. cost or		Mary	
		other basis. Complete Part VI of Schedule D 9, 387.			
	b	Less: accumulated depreciation 10b	9,387.	10c	9,387.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets	-	14	
	15	Other assets. See Part IV, line 11	8,398.	15	8,397.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	269,857.	16	377,535.
	17	Accounts payable and accrued expenses	1,180.	17	1,195.
	18	Grants payable		18	<u>- </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and		. 1	
Liabilities	•	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
	l	of Schedule D	5,729.	25	2,199.
	26	Total liabilities. Add lines 17 through 25	6,909.	26	3,394.
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	- · · · · · · · · · · · · · · · · · · ·
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	•
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.	en filder i Stadd Lyddy (m. 1911) 1911 - The Control of Stade (m. 1911)		
<u>ş</u>	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds	262,948.	32	374,141.
<u>ē</u>	33	Total net assets or fund balances	262,948.	33	374,141.
-	34	Total liabilities and net assets/fund balances	269,857.	34	377,535.

0.0,110	50 (20 (4)				ige i 🛋
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	31,4	190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	20,1	18.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	11,3	372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	62,9	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	74,3	320.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			1.
	reviewed on a separate basis, consolidated basis, or both:		Į.	7.	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				*
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	1	* pf	
	separate basis, consolidated basis, or both:	-			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		<u>X_</u>
	If the organization changed either its oversight process or selection process during the tax year, ex	xplaın ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		ا ا	
	the Single Audit Act and OMB Circular A-133?		3a	ļ. — ·	<u>×</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits.	3b	000	
			Forr	n 990	(2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	ee separate instructions), t	hen			
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name (of organization			Employer ide	ntification number
INTL	. GUARD UNION OF			85-03400	
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	mpaign activities in Par	t IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions)			5
3	Volunteer hours for politi	cal campaign activities (see instruc	ctions)		
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🤄	5
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	6
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a					🗌 Yes 🗌 No
_ b	If "Yes," describe in Part				
Part	-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1		ly expended by the filing organiz		527 exempt function	S
2		filing organization's funds contributions	_		}
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
)
4	Did the filing organization	n file Form 1120-POL for this year	?		🗌 Yes 🗌 No
5	organization made payme the amount of political co	ses and employer identification nu- ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	art	II-A	Complete if the organizati section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under	
Α	Ch	eck.▶		ongs to an affiliated group (and list in Part IV each affiliated group member's name, and share of excess lobbying expenditures).					
<u>B</u>	Ch	eck 🕨	if the filing organization che	cked box A and	"limited control" pi	rovisions apply.			
				bying Expendi			(a) Filing	(b) Affiliated	
			(The term "expenditures" i				organization's totals	group totals	
•	1a		bbying expenditures to influence						
	b	Total lo	obbying expenditures to influence	e a legislative b	ody (direct lobbyin	g) . _.			
	С		bbying expenditures (add lines						
	d		exempt purpose expenditures .						
	е		xempt purpose expenditures (a		•				
	f	Lobbyi columr	ng nontaxable amount. Enter ns.	the amount 1	from the following	g table in both		,	
	Γ	If the ar	nount on line 1e, column (a) or (b)	s: The lobbying	nontaxable amoun	t is:		7 € V	
	Γ		r \$500,000		mount on line 1e.			100	
	Ī		00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000	400		
			,000,000 but not over \$1,500,000		s 10% of the excess				
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.			
		Over \$1	7,000,000	\$1,000,000.					
	g	Grassr	oots nontaxable amount (enter 2	15% of line 1f)				-	
	h	Subtra	ct line 1g from line 1a. If zero or	less, enter -0-					
	i	Subtra	ct line 1f from line 1c. If zero or l	ess, enter -0-					
	j	If there	e is an amount other than zer	on either line	1h or line 1i, did	I the organization	file Form 4720	_	
	reporting section 4911 tax for this year?					Yes DNo			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	- •		Lobbyir	g Expenditures	During 4-Year A	veraging Period			
		Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
	2a	Lobbyi	ng nontaxable amount	-					
	b		ng ceiling amount of line 2a, column (e))		Triple Control				
	c ·	Total Id	bbying expenditures	·		-			
	ď		pots nontaxable amount						
	е.		oots ceiling amount of line 2d, column (e))						
	f	Grassr	pots lobbying expenditures		<u> </u>				
,	3AA				REV 11/14/18 PRO		Schedule C (Forr	n 990 or 990-EZ) 2018	
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Solicy (c) (6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 XOUTHILB Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 3 Did the organization agree to carry over lili-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 4 Current year 5 Total 7 Outer the descriptions agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year? 7 Outer the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A (affiliated group list); Part II-A, lines 1 and year III-A, lines 1	During the year, did the filing organization attempt to influence foreign, national, state, or low legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2b It "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 b It filling organization incurred a section 4912 tax, did it file Form 4720 for this year? c management (include any organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amon political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portor excess does the organization agree to carryover to t	.d	(a))		(b)	
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501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 OPART IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 1	1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible k and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)				L		
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members	Did the organization agree to carry over lobbying and political campaign activity expenditures from Solicitical if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryove				-		×
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b Carryover from last year	 b Carryover from last year	nts of	if [
c Total	 Total		L	2a_	<u> </u>		0
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible keand political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)		L	2b	L		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible k and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated) 		<u> </u>		<u> </u>		0.
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and political expenditure next year?	and political expenditure next year?	of the	e [i	1		
5 Taxable amount of lobbying and political expenditures (see instructions)	5 Taxable amount of lobbying and political expenditures (see instructions)				1		
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and	Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated			4	<u> </u>		_
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated		Щ.	5			0.
	2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	group I	list):	; Pai	rt II-A,	lines	1 and
							
							
	•						

	990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No 1545-0047

Name of the	e organization		Employer identification number
	GUARD UNION OF AMER. LOCAL 69		85-0340050
Part I			ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1 Tot	tal number at end of year		
_	gregate value of contributions to (during year)		
3 Ag	gregate value of grants from (during year) .		
	gregate value at end of year		
	d the organization inform all donors and donor and sare the organization's property, subject to the		
onl	d the organization inform all grantees, donors, a ly for charitable purposes and not for the bene- nferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Part II			
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	
1 Pu	rpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreated	tion or education) 🔲 Preservation of	a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	Preservation of open space		
	mplete lines 2a through 2d if the organization he	eld a qualified conservation contributio	n in the form of a conservation
eas	sement on the last day of the tax year.		Held at the End of the Tax Year
	tal acreage restricted by conservation easement		
	mber of conservation easements on a certified h	• •	
	mber of conservation easements included in		I I
	•		
	mber of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	year ►		
	mber of states where property subject to conse		
	es the organization have a written policy regulations, and enforcement of the conservation ea		
6 Sta	aff and volunteer hours devoted to monitoring, insper	cting, handling of violations, and enforcing	g conservation easements during the year
7 Am	nount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing o	conservation easements during the year
	es each conservation easement reported on line d section 170(h)(4)(B)(ii)?		
bal	Part XIII, describe how the organization reports of lance sheet, and include, if applicable, the text of ganization's accounting for conservation easeme	of the footnote to the organization's find	
Part III	Organizations Maintaining Collections Complete if the organization answered '		Other Similar Assets.
wo	he organization elected, as permitted under SF, irks of art, historical treasures, or other similar blic service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ucation, or research in furtherance o
b If the work pub	he organization elected, as permitted under Sirks of art, historical treasures, or other similar blic service, provide the following amounts relati	FAS 116 (ASC 958), to report in its in assets held for public exhibition, eding to these items:	revenue statement and balance shee ucation, or research in furtherance o
(i)	Revenue included on Form 990, Part VIII, line 1		▶ \$
(ii)	Assets included in Form 990, Part X		▶ \$
2 If t	he organization received or held works of art, owing amounts required to be reported under S	historical treasures, or other similar	assets for financial gain, provide th
	venue included on Form 990, Part VIII, line 1 .		> \$

Page	2

Par	Ull Organizations Maintaining	Collections of	Art. His	torical	Treasures. o	or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):								
a b	☐ Public exhibition☐ Scholarly research				or exchange				
c	Preservation for future generations		-	_ One	'				
4	Provide a description of the organization	on's collections	and expl	ain how t	hev further th	e orc	ianization's even	nt nurnes	in Part
•	XIII.		and capi	un 11044 t	aroy rattice to	0.9	junization 3 exem	ipi puipose	, iii i ait
5	During the year, did the organization sassets to be sold to raise funds rather to								□ No
Part	IV Escrow and Custodial Arrai	ngements.							
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing to	able:				
							Ar	nount	
C	Beginning balance					1c	<u> </u>		
d	Additions during the year					1d			
е	Distributions during the year					_1e			
f	Ending balance					1f			
2a	Did the organization include an amount								☐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	xplánatio	n has been pr	ovide	ed on Part XIII .		
Par									
	Complete if the organization								
		(a) Current year	(b) Pr	or year	(c) Two years t	oack	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions						-		
С	Net investment earnings, gains, and losses			· · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships	·							
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	j, column (a)) l	held a	as:		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment >	<u></u> %							
С	Temporarily restricted endowment ▶	%							-
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held an	ıd adı	ministered for the	·	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses	~	on's end	owment fu	unds.			<u> </u>	-
Part									
	Complete if the organization a	answered "Yes	" on For	m 990, F	Part IV, line 1	1a. S	See Form 990,	Part X, line	e 10
	Description of property	(a) Cost or of (investment)			or other basis ther)		Accumulated epreciation	(d) Book va	ilue
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment		9,387.					9,	,387.
е_	Other								
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 9	90. Part .	X, column	(B), line 10c.)	▶	9	,387.

Schedule D (Fo	<u> </u>			Page (
Part VII	Investments—Other Securities.	000 5 104 11		
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		of valuation. year market value
(1) Financia	I derivatives			
(2) Closely-I	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			18.	
(G)				
(H)	•••••••••••••••••••••••••••••••••••••••			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			· · · · · ·
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value		of valuation /ear market value
			Cost or end-or-y	ear market value
(1)			. -	
(2)				
(3)			<u>.</u>	· · · · · · · · · · · · · · · · · · ·
(4)				
(5)	<u> </u>			
(6)				
(7)				•
<u>(8)</u> (9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		* **	. * - ()
Part IX	Other Assets.		<u> </u>	<u> </u>
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	11d. See Form 99	0. Part X. line 15.
	(a) Description			(b) Book value
(1) UNREC	ORDED PAYROLL			6,679.
(2) PREPA				381.
(3) OFFICE	E DEPOSIT			75.
(4) UTILI	TY DEPOSITS			330.
(5) UNAPP	LIED AMERICAN EXPRESS PAYMENT			1,000.
(6) TRAVE	L ADVANCE	- •		-68.
(7) ROUND:	ING			0.
(8)			<u> </u>	
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	▶	8,397.
Part X	Other Liabilities.	000 D+ IV I	44 446 0 5	000 D+ V
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	The or Th. See Fo	orm 990, Part X,
	line 25. (a) Description of liability (b) Book value		мироретина попета по	on productional parameters for their or or \$ 1661
(1) Federal ır			The second of the second of	
			The street of the second street and the	1
(2) FICA W		73.		ward a far
		97.	W/A/ > 4 // 'www.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	market in the state of
				· ·
		50.	та мажения в принциприя в принципри в принциприя в принциприя в принциприя в принциприя в принципри в принциприя в принциприя в принциприя в принциприя в принципри в принциприя в принциприя в принциприя в принциприя в принципри	การ เราะสุดภาคตรี เราะสุดภาคตรี
(6) FUTA P	···	40. թանակարան հատաբան միական	र मान्या साम्बामानुसारकोतः द्वार व्यक्तिकातिस्य स्टब्स्स्ट्राच्याकावनं स्टब्स्	monuntationers and the constitution of the
(8) STALE		40.	The same of the state of the same of the s	The Company of the Co
(9) See St		8. 5	Tat a commence of	The Committee of the confidence of the confidenc
				7 7 7 7 7

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

2, 199.

2, 199.

2, 199.

2 inability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	_2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	Add lines As and Ab		14-1
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (Fo		Page
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990'or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
INTL. GUARD UNION OF AMER. LOCAL 69	85-0340050
Pt VI, Line 11b: COPY OF FORM 990 IS AVAILABLE FOR EXAMINATION UP	ON WRITTEN
REQUEST TO THE TREASURER	
Pt VI, Line 6: MEMBERS SERVE AS THE BODY OF THE WHOLE TO ELECT TH	
Pt VI, Line 8b: DIRECTORS AND OFFICERS AND TO RATIFY THE LABOR/MA	NAGEMENT CONTRACT.
Pt VI, Line 7a: THE MEMBERS ELECT THE OFFICERS AND DIRECTORS OF T	HE ORGANIZATION
A REGULAR SCHEDULE FOR ELECTIONS.	
Pt VI, Line 7b: THE OFFICERS AND DIRECTORS CONDUCT THE DAY TO DAY	
Pt VI, Line 7b: OF THE ORGANIZATION. THE LABOR/MANAGEMENT CONTRAC	T IS SUBJECT
TO RATIFICATION BY THE MEMBERSHIP.	
Pt III, Line 4d:	
Decembrica, IADOD ODCANIZATION DEDDECEMTING SECURITY	
INSPECTORS AT LOS ALAMOS NATIONAL LABORATORIES IN LABOR MANAGEM	
Pt IX, Line 24e:	
Description: MILEAGE	
Description: FEES OTHER	
Description: DUES/SUBSCRIPTIONS	
Total: \$225	
Program services: \$225	·
Description: TAX PENALTIES	,
Total: \$2,511	-
Management and general: \$2,511	·
Description: INTERNET	
Description: MAINTENANCE AND REPAIRS	
Description: CHARITABLE CONT	
Total: \$2,551	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization INTL. GUARD UNION OF AMER. LOCAL 69	Employer identification number 85-0340050
Program services: \$2,551	
Description: POINDING	
Description: LICENSES/FEES	
ma+a]. ¢10	
Program services: \$10	•••••
Description: ARBITRATION	
Description: MEMBERSHIP BENEFITS	
Description: ADVERTISING	
Description: GIFTS	
Total: \$1,481	
Program services: \$1,481	
Description: NSF CHARGES	
Description: POSTAGE	
Total: \$264	
Program services: \$264	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INTL. GUARD UNION OF AMER. LOCAL 69

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Publiç Inspection 2018

OMB No. 1545-0047

Employer identification number

85-0340050

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Pnmary activity (a)
Name, address, and EIN (if applicable) of disregarded entity **(E)** Part II 9 2 ල € 3

	,						Į
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling sentity	(g) Section 512(b)(13) controlled entity?	b)(13)
						Yes	N _o
(1) IGUA REGION 6 NOT KNOWN							
6451 MAGNOLIA ST COMMERCE CITY CO 80022	LABOR ORGANIZATION CO	CO					
(2) NATIONAL COUNCIL OF SECURITY POLICE NOT KNOWN							
NA ATLANTA GA 30032	COOPERATIVE ORG					_	
(3)							-
		-					-
(4)							
(9)	-					-	
(9)		-					
(2)	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

REV 03/08/19 PRO

Schedule R (Form 990) 2018

Page 2	4,	(k) Percentage									t IV,	(i) Section 512(b)(13) controlled entity?	No				_				Schedule R (Form 990) 2018
	line 3		2			_				-	0, Par	Sectio	Yes			_					(Form
	art IV,	(i) General or managing partner?	Yes								orm 99	(h) Percentage ownership									edule R
	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets									Sch
	d "Yes" o	(h) Disproportionate allocations?	Yes No								answere ar.	Share of total income enc	ļ	<u> </u>		-			,		<u> </u>
	n answere	(g) (h) Share of end-of- Disproportionate year assets allocations?									Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.					-					<u>.</u>
	organizatio ax year.	(f) Share of total Sh income								-	ete if the o rust during	(e) Type of entrty (C corp, S corp, or trust)									
	if the g g the t								-		Compl on or t									-	
	Somplete thip durin	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		ı							or Trust.	(d) Direct controlling entity						-			19 PRO
	ship. (artners	Pre incolu									ation c) omicile gn country)									REV 03/08/19 PRO
	as a Partnership. Complete if the organiza reated as a partnership during the tax year.	(d) Direct controlling entity									a Corpor	(c) Legal domicile (state or foreign country)									
			-					+-	-	-	i bie as Ianizati	tivity									
	ns Taxa anizatio	(c) Legal domicile (state or foreign country)							-	ļ	ns Taxa	(b) Primary activity								-	<u> </u>
	iizatio i ed org	ŽĮ.									ore rel						-		<u> </u>	1	
	l Organ	(b) Pnmary activity									J Orga l	ation							-	-	
	elatec or mo	<u>a</u>									elate had or	d organiza									
	on of F										on of Fause it	a) V of relate									
Schedule R (Form 990) 2018	Identification of Related Organizations Taxable because it had one or more related organizations to	(a) Name, address, and EIN of related organization									Identification of Related Organizations Taxable line 34, because it had one or more related organizations.	(a) Name, address, and EIN of related organization									
R (Form		ame, add related										Name, ac									
Schedule	Part III	z		Ξ	(2)	(6)	4	(2)	(9)	3	Part IV			(1)	(2)	(6)	(4)	(2)	(9)	ε.	BAA

	Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
2018	ransactions With Related
Schedule R (Form 990) 2018	Part V Tran

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

					ı					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	Code V—UBI amount in box 20	(i) General or managing	(k) Percentage ownership
		(famos	from tax under	organizations?				(Form 1065)		
,			sections 512-514)	Yes No			Yes No		Yes No	
(1)		i	•							
(2)			-							
(6)		-								
(4)		-								
(5)										
(9)	, ,			-						-
(2)		-								
(8)										
(6)		_			-					
(10)					_					
(11)										
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(13)	-									
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(16)										
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Part VII	Provide additional information for responses to questions on Schedule R. See instructions.
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