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Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2019

DLN: 93493321145810 OMB No. 1545-0047

| Fori | m | 99 | 90 |
|------|---|----|------|
| Б | | | C -1 |

Department of the Treasury

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

Open to Public Inspection

| | | 2019 6 | | nning 01-01-2019 , and ending | 12-31-2 | n19 | | | |
|---|----------|--|---|---------------------------------------|------------|--|----------------------------------|--|--|
| Chock if applicable: C Name of organization | | | | · | 12-31-2 | | identification number | | |
| ☐ Address change ☐ Name change | | | TOLEDO AREA SHEET METAL WORKERS JOINT APPRENTICE COMMITTEE | | | | 51-0164821 | | |
| | | - | | | | | 21 | | |
| | tial ret | | Doing business as | | | | | | |
| ☐ Final return/terminated ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | E Telephone | number | | | | | | |
| | | on pending | 1845 COLLINGWOOD BLVD | , | | (419) 241 | 1-2907 | | |
| | | | | intry, and ZIP or foreign postal code | | | | | |
| | | | TOLEDO, OH 43604 | | | G Gross rece | ipts \$ 839,375 | | |
| | | | F Name and address of princip | al officer: | ŀ | (a) Is this a group retu | rn for | | |
| | | | JOSHUA HUGHES 1845 COLLINGWOOD BLVD | | | subordinates? | □Yes 🗹 No | | |
| | | | TOLEDO, OH 43604 | | | I(b) Are all subordinates included? | S ☐ Yes ☐No | | |
| [Tax | k-exen | npt status: | ☑ 501(c)(3) □ 501(c)() ◄ | (insert no.) 4947(a)(1) or | 527 | If "No," attach a list | t. (see instructions) | | |
| J W | ebsit | e:▶ N/A | | | | I(c) Group exemption n | umber 🟲 | | |
| | | | | | | | | | |
| K Forn | n of or | ganization | Corporation Trust Ass | ociation Dother > | L | | ¶ State of legal domicile: ○H | | |
| | | C | | | | | | | |
| Pa | art I | | mary scribe the organization's mission o | or most significant activities: | | | | | |
| a, | ı | | CESHIP TRAINING | or most significant activities. | | | | | |
| ဋ | - | | | | | | | | |
| Ē | | | | | | | | | |
| Activities & Governance | , | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | |
| <u>5</u> | ı | | | ng body (Part VI, line 1a) | | | 3 7 | | |
| න් ග | 4 | Number o | of independent voting members o | | 4 7 | | | | |
| <u> </u> | 5 | Total nun | nber of individuals employed in c | alendar year 2019 (Part V, line 2a) | | | 5 3 | | |
| 2 | 6 | Total nun | nber of volunteers (estimate if ne | cessary) | | | 6 12 | | |
| ¥ | 7a | Total unr | elated business revenue from Pa | rt VIII, column (C), line 12 | | | 7a 0 | | |
| | ь | Net unrel | ated business taxable income fro | m Form 990-T, line 39 | | | 7b 0 | | |
| | | | | | | Prior Year | Current Year | | |
| Qi. | 8 | 8 Contributions and grants (Part VIII, line 1h) | | | 0 0 | | | | |
| Ravenue | 9 | 9 Program service revenue (Part VIII, line 2g) | | | 829,09 | 799,226 | | | |
| λċ | 10 | Investme | estment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 2,47 | 6 10,501 | | |
| ш. | 11 | Other rev | enue (Part VIII, column (A), lines | 5, 6d, 8c, 9c, 10c, and 11e) | | 10,49 | 0 6,343 | | |
| | 12 | Total rev | enue—add lines 8 through 11 (m | ust equal Part VIII, column (A), line | 12) | 842,05 | 9 816,070 | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | | 0 0 | | | |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | | | 0 0 | | |
| 88 | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 214,60 | 6 222,813 | | |
| Expenses | 16a | Professio | onal fundraising fees (Part IX, column (A), line 11e) | | | | 0 0 | | |
| e d | ь | Total fundr | fundraising expenses (Part IX, column (D), line 25) ▶0 | | | | | | |
| Ð | 17 | Other exp | expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | | 5 416,190 | | |
| | 18 | Total exp | enses. Add lines 13–17 (must eq | ual Part IX, column (A), line 25) | | 614,54 | 1 639,003 | | |
| | 19 | Revenue | less expenses. Subtract line 18 f | rom line 12 | | 227,51 | 8 177,067 | | |
| 8 8 8 8 | | | | | | Beginning of Current Yea | er End of Year | | |
| Net Assets or Fund Balances | | | | | | | | | |
| ASS Ba | l | | ssets (Part X, line 16) | | | 2,930,45 | | | |
| <u> </u> | l | | ilities (Part X, line 26) | | • | 1,341,05 | | | |
| | | | s or fund balances. Subtract line | 21 from line 20 | | 1,589,40 | 1,766,469 | | |
| | rt II | | ature Block eriury I declare that I have evan | nined this return, including accompa | anvina scl | nedules and statements | and to the hest of my | | |
| knowl | edge | and belie | | e. Declaration of preparer (other tha | | | | | |
| any k | nowle | edge. | | | | | | | |
| | | ***** | *** 2020-11-16 | | | | | | |
| Sign | | Signati | ure of officer | | | Date | | | |
| Here | | JOSHU | A HUGHES CEO AND LEGAL COUNSEL | | | | | | |
| | | | r print name and title | | | | | | |
| | | P | rint/Type preparer's name | Preparer's signature | Date | | | | |
| Paid | 1 | | | | 2020 | -11-16 Check L if Pos self-employed | 1734562 | | |
| | | er 🗏 | irm's name 🕨 WILLIAM VAUGHAN C | OMPANY | | Firm's EIN ► 34-11 | 145015 | | |
| | On | ⊢ | irm's address ► 145 CHESTERFIELD L⁄ | ANE | | Phone no. (419) 89 | 1-1040 | | |
| • | | , | | | | Frione no. (413) 89 | 1 1070 | | |
| | | | MAUMEE, OH 435373 | | | | | | |
| May t | he IR: | S discuss | this return with the preparer sho | wn above? (see instructions) . | | | ⊻Yes ∐No | | |

Cat. No. 11282Y

Form **990** (2019)