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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirement

nternal	Revenue	e Service	Fine organization may hav	ve to use a copy of this return to	Satisty S	tate reporting	requiren	ients	Insp	ection
A Fo	r the	2010 ca	lendar year, or tax year begin	ning 01-01-2010 and ending 12	2-31-201	0	D 5	1		
_		pplicable	C Name of organization UNITED ASSOCIATION OF JOURN	EYMEN OF THE				-	identificatio	n number
_	Iress ch	-	PLUMBING & PIPEFITTING INDUS Doing Business As	TRY L562			43-0	0560	620	
_	ne cha	-	,				E Telep	ohone	number	
_	ial retu minate		Number and street (or P O box 12385 LARIMORE RD	f mail is not delivered to street address))	Room/suite	(314	4) 35	5-1000	
_	ended		City or town, state or country, ar ST LOUIS, MO 631383806	nd ZIP + 4			G Gross	s receiț	pts \$ 10,942,2	236
АРР	nication	n pending	- N	l		1				
			F Name and address of p PATRICK H KELLETT	orincipal officer		H(a) Is this a	group returi	n for affil	liates? Yes	I✓ No
			12385 LARIMORE RD ST LOUIS, MO 6313838	06		H(b) Are all			l? t (see inst	Yes No
r Ta:	x-exem	npt status	「 501(c)(3) F 501(c) (5)	◀ (insert no)	527		•		umber 🟲	,,
w	ebsite	e: ► WW	W LOCAL562 ORG							
€ Form	n of or	ganization	Corporation Trust Associa	ation Other ►		L Year of for	mation 19	913	M State of le	gal domicile
									МО	
Pa	rt I	Sum	mary							
Governance	IDENTIFIED WITH THE PLUMBERS AND PIPEFITTERS INDUSTRIES Check this box If the organization discontinued its operations or disposed of more						5% of its	ı	assets	
Activities &				erning body (Part VI, line 1a) .				3		5
<u>ű</u>			, ·	rs of the governing body (Part VI				4		0
3			nber of individuals employed nber of volunteers (estimate i	ın calendar year 2010 (Part V, lıı	ne ∠a)			6		160
ŧ			related business revenue from		7a		1,225			
				e from Form 990-T, line 34 .				7b		0
				<u>`</u>		Prio	r Year		Curre	nt Year
	8	Contril	butions and grants (Part VIII	, line 1h)			7,443,	,885		6,461,847
nile	9							0	C	
Revenue	10	Invest	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							450,138
Ξ.	11			A), lines 5, 6d, 8c, 9c, 10c, and 1	· ·		85,	,689		112,056
	12	12) .		11 (must equal Part VIII, column	•	e	8,172,	-		7,024,041
	13 14			art IX, column (A), lines 1–3). t IX, column (A), line 4)			481 914			486,829
	15			byee benefits (Part IX, column (A		5-	481,914			460,629
Expenses	16a	10)		X, column (A), line 11e)			4,291,	,504 0		4,506,238
₹ ⊕	ь		ndraising expenses (Part IX, column	-	-					
ш	17), lines 11a-11d, 11f-24f) .	 .		4,125,	485		4,107,181
	18	Totale	expenses Add lines 13-17 (r	nust equal Part IX, column (A), lı	ine 25)		8,898,	,903		9,100,248
	19	Reveni	ue less expenses Subtract lır	ne 18 from line 12			-726,	,598		-2,076,207
net Assers or Fund Bafances						Beginning Y	of Curre ear	ent	End o	of Year
3 TE	20						40,901,	_		38,825,114
, E	21						296,	-		221,329
	22 1 3 1 1		sets or fund balances Subtra ature Block	ct line 21 from line 20	• •		40,604,	,569		38,603,785
Jnder mowl mowl	r penal ledge a ledge.	ties of peand belief	erjury, I declare that I have exan f, it is true, correct, and comple ** ture of officer	nined this return, including accomp te. Declaration of preparer (other th		er) is based on a	all inform 11-04-26			
Here	=	Туре	ICK H KELLETT SECRETARY-TREASL or print name and title	Τ	Ι.	T.	Check if se	olf-	DT***	
0-:-1		Print/Type preparer's	name JAMES D HUBER	Preparer's signature JAMES D HUBER	R □		employed		PTIN	
Paid Prepa	arer		ne HUBER RING HELM & CO PC						Fırm's EIN	+
Use (Fırm's add	ress • 1600 S BRENTWOOD SUITE	600					Phone no	(314) 962-

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

Form	n 990 (2010)				Page 2
Par			ce Accomplishments onse to any question in this Part	III	
1	Briefly describe	the organization's mission			
		ANIZATION THE IMPROV AND PIPEFITTERS INDU	/EMENT OF THE SOCIAL AND I STRIES	ECONOMIC CONDITIONS OF	EMPLOYEES IDENTIFIED
2	the prior Form 99	00 or 990-EZ?	nnt program services during the y		ΓYes Γ No
	•	these new services on Sc			
3	services?		nake significant changes in how it		┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ile O		
4	Section 501(c)(3	3) and 501(c)(4) organizati	s for each of the organization's thi ons and section 4947(a)(1) trust nd revenue, if any, for each progra	s are required to report the am	
	(Code) (Expenses \$	9,100,248 including grants of \$) (Revenue \$)
	•	, , , , , , ,	IX OF FORM 990 WERE INCURRED IN A	, ,	AND USUAL ACTIVITIES OF A
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program	services (Describe in Scho	edule O)		
	(Expenses \$	·	uding grants of \$) (Revenue \$)
4e	Total program s	ervice expenses ⊁ \$	9,100,248		

Part IV	Checklist	of Red	uired	Schedules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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	Yes	
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? <i>If</i> "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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a 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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)									
Part V	Statements Regarding Ot	her IRS Filings and	l Tax Compliance						

(· I	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
	1a 35			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
5	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	3a		Νo
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Weethor organization a party to a push hited toy shellow the second section of the section of the second section of the second section of the second section of the section of the second section of the			K.J
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N c
		5b		INC
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		No
ı	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	35		
I	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N c
	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
ı	Did the organization make any taxable distributions under section 4966?	9a		
•	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
ı	Gross income from members or shareholders			
,	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	note. See the instructions for additional information the organization must report on schedule of			
,	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			
	Enter the amount of reserves on hand 13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
_	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		. *

Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax							
	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
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	Yes					
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?	3		Νo				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο				
6	Does the organization have members or stockholders?	6	Yes					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)		14					
		40	Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		No				
	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13		Νo				
14	Does the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	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		Νο				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply							

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE ORGANIZATION

12385 LARIMORE RD ST LOUIS, MO 631383806 (314) 355-1000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and current key employees 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

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JAMES ABKEMEIER JR EXAMINING BOARD	2 00			Х				1,050	2,453	0
(2) KENNETH M BOEMER INSIDE GUARD	2 00			х				2,366	4,860	0
(3) ROY E BONE JR EXECUTIVE BOARD	2 00			х				3,666	0	0
(4) TIMOTHY BRICE INSIDE GUARD	2 00			х				2,666	0	0
(5) CHRISTOPHER BRIAN CHUMLEY ASSISTANT TO THE BUSINESS MANAGER	70 00			х				129,533	0	70,432
(6) DANIEL CHUMLEY JATC	2 00			х				300	0	0
(7) MARK J COLLOM DIRECTOR OF TRAINING/EXAMINING BOARD	60 00			х				2,100	113,792	0
(8) FRED J CREAMER FINANCE COMMITTEE	2 00			х				2,841	0	0
(9) MARK A FOHEY BUSINESS AGENT	40 00			х				109,438	0	66,036
(10) STEPHEN P GARNER BUSINESS AGENT	40 00			х				109,272	0	66,036
(11) MICHAEL P GRADY BUSINESS AGENT	40 00			х				110,297	0	66,036
(12) RONALD T HARTE EXAMINING BOARD	40 00			х				1,050	6,846	0
(13) DAVID HOLMES JR LOBBYIST ORGANIZER	40 00			х				78,747	0	60,701
(14) PHILLIP L JONES INSIDE GUARD	2 00			х				2,666	0	0
(15) PATRICK H KELLETT BUSINESS MANAGER/SECRETARY-TREASURER	70 00			х				155,308	0	74,855
(16) RICHARD M KELLETT EXECUTIVE BOARD	2 00			Х				4,660	0	0 Form 999 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		((tion (che)		Ш		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) JOHN F KNOTT EXAMINING BOARD	40 00			х				1,050	4,107	0
(18) KENNETH KUNDERT FINANCE COMMITTEE	2 00			х				2,841	0	0
(19) JAMES J LANE BUSINESS AGENT	40 00			Х				109,737	0	66,036
(20) MICHAEL LARRIGAN INSIDE GUARD	2 00			х				2,666	0	0
(21) MARTIN B MCCLIMENS RECORDING SECRETARY	50 00			х				2,675	6,425	0
(22) MARK V MORGAN BUSINESS AGENT	40 00			Х				109,499	0	66,036
(23) MICHAEL J MULLIGAN BUSINESS AGENT	40 00			х				109,514	0	66,036
(24) DANIEL P MURPHY PRESIDENT/DIRECTOR HEALTH AND WELFARE	60 00			х				3,450	131,173	0
(25) BRIAN J NICHOLS FINANCE COMMITTEE	2 00			х				2,841	0	0
(26) MICHAEL J O'CONNELL III BUSINESS AGENT/EXECUTIVE BOARD	60 00			Х				111,425	0	66,036
(27) MICHAEL O'LAUGHLIN BUSINESS AGENT/FINANCE COMM/EXAMINING BOARD	40 00			х				110,619	0	66,036
(28) JOHN J O'MARA ASSISTANT BUSINESS MANAGER/VICE- PRESIDENT	70 00			х				132,133	0	70,432
(29) ELMO C O'NEAL BUSINESS AGENT	40 00			Х				110,825	0	66,036
(30) SCOTT E RAMSHAW LOBBYIST ORGANIZER	40 00			Х				113,327	0	66,036
(31) JOHN R REITER JR BUSINESS AGENT	40 00			х				111,365	0	66,036
(32) STANLEY L RIDER ORGANIZER	40 00			Х				105,018	0	65,173
(33) FRANK SCHUETTE EXECUTIVE BOARD	2 00			х				3,666	0	0
(34) RUDOLF L SMITH ORGANIZER	40 00			х				109,815	0	59,786
(35) DONALD SUMMERS JR ASSISTANT DIRECTOR OF TRAINING JATC	50 00			х				3,750	0	0
1b Sub-Total							►			
c Total from continuation sheets to	Part VII, Secti	on A .				F				
d Total (add lines 1b and 1c)					•		►	1,972,176	269,656	1,127,775

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section	R	Inde	nen	dent	Contra	ctors
Section	Ю.	THUC	DCII	ueni	CUILLIA	CLUIS

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
	-	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 🗗

m 990 (Bassassas					
	Statement of			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
and other similar amounts	•						
ᅙ ㅂ	Membership dues	1b	6,461,847				
Ē °	: Fundraising event	s 1c					
ਜ਼ਿੰ⊓ d	Related organizat	ions 1d					
Ē∣∘	Government grants (d	contributions) 1e					
ਲ f	All other contributions	, gifts, grants, and 1f					j i
<u> </u>	sımılar amounts not ır Noncash contributions	ncluded above s included in lines 1a-1f \$					
<u> </u>	•	·					
- h	Total. Add lines 1	a-1f	. •	6,461,847			
2a b c d e			Business Code				
2a	1						
Ь)						
c	:						
d	<u> </u>						
e							
f	All other program	service revenue					
g		a-2f					
3		ne (including dividends, inte	erest •	789,968			789,968
		amounts) ent of tax-exempt bond proceeds	. [769,900			769,966
5			` · · •				
	Royalties	(ı) Real	(II) Personal				
6a	Gross Rents	(i) iteal	(II) I ersonar				
ь							
	expenses Rental income						
	or (loss)						
d	Net rental income	or (loss)					
7a	Gross amount	(ı) Securities 3,425,865	(II) O ther 152,500				
/a	from sales of assets other	3,423,003	132,300				
	than inventory						
b	Less cost or other basis and	3,644,453	273,742				
۰	sales expenses Gain or (loss)	-218,588	-121,242				
				-339,830	-339,830		
_		m fundraising events					
	(not including	in tandraising events					
	\$	_ eported on line 1c)					
	See Part IV, line						
		а					
	Less direct expe						
		ss) from fundraising events	•				
9a	Gross income from Part IV, line 19	m gaming activities See					
b	Less direct						
	expenses	_					
_	Net income or (lo	b ss) from gaming activities	·				
_	Gross sales of inv						
	returns and allowa						
		а					
	Less cost of good						
c		ss) from sales of inventory					<u> </u>
-	Miscellaneous		Business Code 900099	112,056			112,056
	MISCELLANEOU	<u>S</u>	900099	112,056			112,056
	ь						
	c						
	d All other revenue						
'	e Total. Add lines 1	1a-11d		112,056			
12	? Total revenue. Se	a Instructions	.				
	- iotalicvenue. Se	CINSUACIONS	•	7,024,041	-339,830	0	902,024

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, o, 9b, 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 governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members	486,829							
5	Compensation of current officers, directors, trustees, and key employees	1,972,176							
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	Other salaries and wages	753,509							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,566,494							
9	Other employee benefits								
10	Payroll taxes	214,059							
а	Fees for services (non-employees) Management								
Ь	Legal	107,767							
c	Accounting	63,015							
d	Lobbying								
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees	10,267							
g	Other								
12	Advertising and promotion	238,473							
13	Office expenses	450,908							
14	Information technology								
15	Royalties								
16	Occupancy	360,913							
17	Travel	133,209							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	652,668							
20	Interest								
21	Payments to affiliates	300,000			_				
22	Depreciation, depletion, and amortization								
23	Insurance	108,931			_				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of								
	line 25, column (A) amount, list line 24f expenses on Schedule O)	4 422 245							
a	PER CAPITA TAX	1,138,346							
b	GIFTS & CONTRIBUTIONS	524,170							
C L	TAXES, LICENSES & FEES	18,514							
d									
e	A II abbar ayranga								
f ar	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	9,100,248							
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 20.027.807 2 17.354.576 2 3 3 20,350 4 20,589 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete 2.111.186 10a Part VI of Schedule D ь Less accumulated depreciation 10b 2,084,023 **10c** 2,111,186 18.751,766 **11** 11 19.321.764 14,000 14,000 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3.375 15 2,999 15 16 40,901,321 16 38,825,114 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 296.752 17 221.329 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 296.752 26 221,329 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 ol 30 0 Capital stock or trust principal, or current funds Assets 0 0 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 40.604.569 32 38,603,785 Retained earnings, endowment, accumulated income, or other funds ¥ 40,604,569 33 38,603,785 33 Total net assets or fund balances 40.901,321 34 Total liabilities and net assets/fund balances 38,825,114

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,0	24,04
2	Total expenses (must equal Part IX, column (A), line 25)	2			.00,24
3	Revenue less expenses Subtract line 2 from line 1	3		-2,0	76,20
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,6	504,56
5	Other changes in net assets or fund balances (explain in Schedule O)	5			75,42
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		38,6	503,78
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c		Νο
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: Software Version:

EIN: 43-0560620

Name: UNITED ASSOCIATION OF JOURNEYMEN OF THE

PLUMBING & PIPEFITTING INDUSTRY L562

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Position		(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Former Highest compensated employee Key employee Officer		Former	from the organization (W- 2/1099-MISC)	organization (W- organizations fr	
JAMES ABKEMEIER JR EXAMINING BOARD	2 00			х				1,050	2,453	0
KENNETH M BOEMER INSIDE GUARD	2 00			х				2,366	4,860	0
ROY E BONE JR EXECUTIVE BOARD	2 00			х				3,666	0	0
TIMOTHY BRICE INSIDE GUARD	2 00			х				2,666	0	0
CHRISTOPHER BRIAN CHUMLEY ASSISTANT TO THE BUSINESS MANAGER	70 00			х				129,533	0	70,432
DANIEL CHUMLEY JATC	2 00			х				300	0	0
MARK J COLLOM DIRECTOR OF TRAINING/EXAMINING BOARD	60 00			х				2,100	113,792	0
FRED J CREAMER FINANCE COMMITTEE	2 00			х				2,841	0	0
MARK A FOHEY BUSINESS AGENT	40 00			х				109,438	0	66,036
STEPHEN P GARNER BUSINESS AGENT	40 00			х				109,272	0	66,036
MICHAEL P GRADY BUSINESS AGENT	40 00			х				110,297	0	66,036
RONALD T HARTE EXAMINING BOARD	40 00			х				1,050	6,846	0
DAVID HOLMES JR LOBBYIST ORGANIZER	40 00			х				78,747	0	60,701
PHILLIP L JONES INSIDE GUARD	2 00			х				2,666	0	0
PATRICK H KELLETT BUSINESS MANAGER/SECRETARY- TREASURER	70 00			х				155,308	0	74,855
RICHARD M KELLETT EXECUTIVE BOARD	2 00			х				4,660	0	0
JOHN F KNOTT EXAMINING BOARD	40 00			x				1,050	4,107	0
KENNETH KUNDERT FINANCE COMMITTEE	2 00			х				2,841	0	0
JAMES J LANE BUSINESS AGENT	40 00			х				109,737	0	66,036
MICHAEL LARRIGAN INSIDE GUARD	2 00			х				2,666	0	0
MARTIN B MCCLIMENS RECORDING SECRETARY	50 00			х				2,675	6,425	0
MARK V MORGAN BUSINESS AGENT	40 00			х				109,499	0	66,036
MICHAEL J MULLIGAN BUSINESS AGENT	40 00			х				109,514	0	66,036
DANIEL P MURPHY PRESIDENT/DIRECTOR HEALTH AND WELFARE	60 00			х				3,450	131,173	0
BRIAN J NICHOLS FINANCE COMMITTEE	2 00			х				2,841	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Officer Institutional Trustee Individual trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MICHAEL J O'CONNELL III BUSINESS AGENT/EXECUTIVE BOARD	60 00			х				111,425	0	66,036
MICHAEL O'LAUGHLIN BUSINESS AGENT/FINANCE COMM/EXAMINING BOARD	40 00			х				110,619	0	66,036
JOHN J O'MARA ASSISTANT BUSINESS MANAGER/VICE-PRESIDENT	70 00			x				132,133	0	70,432
ELMO C O'NEAL BUSINESS AGENT	40 00			х				110,825	0	66,036
SCOTT E RAMSHAW LOBBYIST ORGANIZER	40 00			х				113,327	0	66,036
JOHN R REITER JR BUSINESS AGENT	40 00			х				111,365	0	66,036
STANLEY L RIDER ORGANIZER	40 00			х				105,018	0	65,173
FRANK SCHUETTE EXECUTIVE BOARD	2 00			×				3,666	0	0
RUDOLF L SMITH ORGANIZER	40 00			х				109,815	0	59,786
DONALD SUMMERS JR ASSISTANT DIRECTOR OF TRAINING JATC	50 00			х				3,750	0	0

DLN: 93493130010291

OMB No 1545-0047

300,000

SCHEDULE C

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

Political Campaign and Lobbying Activities

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

- 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN OF THE
PLUMBING & PIPEFITTING INDUSTRY L562

Employer identification number

43-0560620

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organ	ization.
--	----------

- 2 Political expenditures 300.000 3 Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
 - Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No
- **4a** Was a correction made? ┌ No
- If "Yes," describe in Part IV

3

Complete if the organization is exempt under section 501(c) except section 501(c)(3)

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities 300,000
- Did the filing organization file Form 1120-POL for this year? 4
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) PLUMBERS AND PIPEFITTERS VOL POLITICAL EDUC LEGIS CHAR & DEF FUND	12385 LARIMORE ROAD ST LOUIS, MO 631383806	43-0794109	300,000	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2	
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768		
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/			
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals	
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)				
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)				
c	Total lobbying expenditures (add lines 1a and 1	b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)					
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both				
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:				
	Not over \$500,000	over \$500,000 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,00	00,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)						
_	Subtract line 1g from line 1a If zero or less, ent	-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No	
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five	
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period			
	Calendar year (or fiscal year							

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
		(;	a) 	-	(b)	
		Yes	No	/	A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?			1		
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? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		•			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		•	1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
	501(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		l	2	Yes	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		r	3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-A,			ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a	<u> </u>			
	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pä	art IV Supplemental Information	1				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130010291

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

lernai Revenue Service	Attach to Fe	orm 990. F See separate instructions.			Tillsheri	IIUII
Name of the organunited Association PLUMBING & PIPEFITT	OF JOURNEYMEN OF THE		oyer identificat	ion numbe	<u> </u>	
		dvised Funds or Other Similar F		560620	Complet	te if th
	ization answered "Yes" to Form 99		anas c	r Accounts.	Comple	ic ii di
		(a) Donor advised funds	(1	ס) Funds and ot	her accou	nts
. Total number	at end of year					
. Aggregate cor	ntributions to (during year)					
Aggregate gra	nts from (during year)					
Aggregate val	ue at end of year					
	ızatıon ınform all donors and donor advı organızatıon's property, subject to the	sors in writing that the assets held in dor organization's exclusive legal control?	nor advis	ed	☐ Yes	┌ No
used only for	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•		☐ Yes	┌ No
Part III Conse	ervation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	990, Part IV	, lıne 7.	
Preserva Protectio Preserva Complete line	conservation easements held by the o tion of land for public use (e g , recreati n of natural habitat tion of open space s 2a-2d if the organization held a qual the last day of the tax year		certified	historic struct	•	a
				Held at the	End of the	Year
a Total number	of conservation easements		2a			
b Total acreage	restricted by conservation easements		2b			
c Number of co	nservation easements on a certified his	toric structure included in (a)	2c			
d Number of co	nservation easements included in (c) a	cquired after 8/17/06	2d			
the taxable ye	ear >	rred, released, extinguished, or terminate	ed by the	e organization o	luring	
Does the orga	ates where property subject to conserva anization have a written policy regarding of the conservation easements it holds?	g the periodic monitoring, inspection, han	dling of	violations, and	☐ Yes	┌ No
Staff and volu	nteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents du	rıng the year ►		
A mount of exp	penses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	the year ►\$ _		
	nservation easement reported on line 2 (i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
balance sheet	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and the footnote to the organization's financia nents	•	•		
	nizations Maintaining Collectio lete if the organization answered '	rs of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Oth	er Similar <i>A</i>	\ssets.	
art, historical	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear lancial statements that describes these i	ch ın fur			≘,
historical trea		116, to report in its revenue statement a public exhibition, education, or research i s				
(i) _{Revenues}	included in Form 990, Part VIII, line 1			► \$		
(ii) Assets in	cluded in Form 990, Part X			► \$		
If the organiza	•	orical treasures, or other similar assets f S 116 relating to these items	or financ	·		
a Revenues inc	luded in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	illections of Ar	t, His	tori	<u>cal Tre</u>	easui	res, or C	<u>)the</u>	<u>r Similar As</u>	isets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing th	ıat are	a significa	ant u	se of its collec	tion	
а	Public exhibition		d	\sqcap	Loan or	rexch	ange progi	rams			
ь	Scholarly research		e	\sqcap	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further	the o	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									┌ Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	990,	
	Part IV, line 9, or reported an ar		•								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions o	r other ass	etsı		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		_				
							-	_	Ar	nount	
с	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	ne 21?							│ Yes	┌ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete										
4_	Paramana of ware balance	(a)Current Year	(b)	Prior \	/ear	(c) Two	Years Back	(d)	Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance										
b	Contributions							+			
C	Investment earnings or 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 yea	r end balance held	as					_			
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
С	Term endowment 🕨										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	and ac	dministere	d for	the		
	organization by	•								Yes	No
	(i) unrelated organizations							•	3a	_	<u> </u>
_	(ii) related organizations							•	3a(
	If "Yes" to 3a(II), are the related organizatio							•	3	b	
4 De t	Describe in Part XIV the intended uses of the rt VI Investments—Land, Building:	<u>-</u>				0 Do	rt V lino	10			
Га	Description of investment	s, and Equipme	:III. 3	(a)	Cost or o	ther	(b)Cost or o	other	(c) Accumulated depreciation	(d) Bo	ook value
1	Land				-			600			42.600
			•					2,698			42,698
	Buildings		•					2,211			452,21:
	Leasehold improvements		•					3,230		-	578,230
	Equipment		•				1,038	5,04/		-	1,038,047
е	Other			1					1		

2,111,186

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts 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 XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

DLN: 93493130010291

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNITED ASSOCIATION OF JOURNEYMEN OF THE

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

PLU	MBING & PIPEFITTING INDUSTRY L562		43-0560620			
Pa	rt I Questions Regarding Compensatio	n	<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	_				
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o	•		7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) CHRISTOPHER BRIAN CHUMLEY	(ı) (ıı)	123,760 0	0 0	5,773 0	70,432 0	0 0	199,965 0	
(2) MARK A FOHEY	(1) (11)	106,080 0	0 0	3,358 0	66,036 0	0	175,474 0	
(3) STEPHEN P GARNER	(ı) (ıı)	106,080 0	0	3,192 0	66,036 0	0 0	175,308 0	
(4) MICHAEL P GRADY	(ı) (ıı)	106,080 0	 0 0	4,217 0	66,036 0	0 0	176,333 0	
(5) PATRICK H KELLETT	(ı) (ıı)	141,440 0	0	13,868 0	74,855 0	0	230,163	
(6) JAMES J LANE	(1) (11)	106,080 0	0	3,657 0	66,036 0	0	175,773 0	
(7) MARK V MORGAN	(ı) (ıı)	106,080 0	0	3,419 0	66,036 0	0 0	175,535 0	
(8) MICHAEL J MULLIGAN	(ı) (ıı)	106,080 0	0	3,434 0	66,036 0	0	175,550 0	
(9) MICHAEL J O'CONNELL III	(ı) (ıı)	106,080 0	0	5,345 0	66,036 0	0	177,461 0	
(10) MICHAEL O'LAUGHLIN	(1) (11)	106,080 0	0	4,539 0	66,036 0	0	176,655 0	
(11) JOHN J O'MARA	(ı) (ıı)	123,760 0	 0 0	8,373 0	70,432 0	0	202,565	
(12) ELMO C O'NEAL	(ı) (ıı)	106,080 0	0	4 ,7 4 5 0	66,036 0	0	176,861 0	
(13)SCOTT E RAMSHAW	(I) (II)	106,080 0	0	7,247 0	66,036 0	0	179,363 0	
(14) JOHN R REITER JR	(ı) (ıı)	106,080 0	0	5,285 0	66,036 0	0	177,401 0	
(15) STANLEY L RIDER	(I) (II)	101,283 0	0	3,735 0	65,173 0	0	170,191 0	
(16) RUDOLF L SMITH	(ı) (ıı)	93,088	0	16,727 0	59,786 0	0	169,601	

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 43-0560620

Name: UNITED ASSOCIATION OF JOURNEYMEN OF THE

PLUMBING & PIPEFITTING INDUSTRY L562

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pai	<u>rt I</u>	<u> I - Officers, Direc</u>	tors, Trustees, Ke	<u>y Employees, and</u>	1 Highest Compen	<u>sated Employees</u>		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
CHRISTOPHER BRIAN CHUMLEY	(ı) (ıı)		0 0	5,773 0	70,432 0 0	0	199,965	0
MARK A FOHEY	(I) (II)		0 0	3,358 0	66,036	0	175,474	0
STEPHEN P GARNER	(1) (11)		0	- /	66,036	0	175,308	0
MICHAEL P GRADY	(ı) (ıı)		0	4,217 0	66,036	0	176,333	0
PATRICK H KELLETT	(ı) (ıı)	141,440	0	13,868	74,855	0	230,163	0
JAMES J LANE	(ı) (ıı)	106,080	1	3,657 0	66,036	0	175,773	0
MARK V MORGAN	(ı) (ıı)		0	3,419 0	66,036	0	175,535	0
MICHAEL J MULLIGAN	(ı) (ıı)		0	3,434	66,036	0	175,550	0
MICHAEL J O'CONNELL III	(ı) (ıı)		0	5,345 0	66,036	0	177,461	0
MICHAEL O'LAUGHLIN	(ı) (ıı)		0	1	66,036	0	176,655	0
JOHN J O'MARA	(ı) (ıı)		0	8,373 0	70,432	0	202,565	0
ELMO C O'NEAL	(ı) (ıı)		_	4,745 0	66,036	0	176,861	0
SCOTT E RAMSHAW	(ı) (ıı)		ı	7,247 0	66,036	0	179,363	0
JOHN R REITER JR	(ı) (ıı)		ı	5,285 0	66,036	0	177,401	0
STANLEY L RIDER	(ı) (ıı)		1	3,735 0	65,173	0	170,191	0
RUDOLF L SMITH	(ı) (ıı)		· · · · · · · · · · · · · · · · · · ·	16,727	59,786	1	169,601	0

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As Filed Data -

DLN: 93493130010291

OMB No 1545-0047

2010

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
UNITED ASSOCIATION OF JOURNEYMEN OF THE	
PLUMBING & PIPEFITTING INDUSTRY L562	43-0560620

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THERE IS A FAMILY RELATIONSHIP BETWEEN PATRICK H KELLETT AND RICHARD M KELLETT THERE IS ALSO A FAMILY RELATIONSHIP BETWEEN CHRISTOPHER BRIAN CHUMLEY AND DANIEL CHUMLEY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THERE ARE 4,421 MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS ARE ELIGIBLE TO VOTE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FINAL VERSION OF THE FORM IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR THEIR REVIEW PRIOR TO FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS THE BUSINESS MANAGER AND BUSINESS AGENTS FOR EACH INTEREST DISCLOSED TO THE BUSINESS MANAGER, HE WILL DETERMINE WHETHER TO A) TAKE NO ACTION B) ASSURE FULL DISCLOSURE TO THE EXECUTIVE BOARD AND OTHER INDIVIDUALS COVERED BY THIS POLICY C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE UNION D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE UNION THE UNION'S BUSINESS MANAGER WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE EXECUTIVE BOARD IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SINCE THE UNION IS SUBJECT TO AN INTERNATIONAL CONSTITUTION AND ITS BY-LAWS, COMPENSATION OF OFFICERS AND BUSINESS AGENTS IS SET BY THOSE DOCUMENTS AND PROCEDURES EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE BUSINESS MANAGER, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL THE BUSINESS MANAGER WILL REPORT HIS DECISION TO THE EXECUTIVE BOARD THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT

Identifier Return Reference		Return Reference	Explanation					
I		FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC					

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	, , ,	DECREASE IN ACCOUNTS PAYABLE, NOT IN EXPENSES 75,423 TOTAL TO FORM 990, PART XI, LINE 5 75,423

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493130010291

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization UNITED ASSOCIATION OF JOURNEYMEN OF THE PLUMBING & PIPEFITTING INDUSTRY L562 **Employer identification number** 43-0560620

Name, address, and EIN of related organization Primary activity Legal domincle (state of freign country) Primary activity Legal domincle (state of freign country) Public charty status (if section 501(c)(3)) Public charty status (if section 501(c)(3) Public status (if se	Part I Identification of Disregarded Entities (Com	plete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 33.)			
Name, address, and EIN of related organization of Marker Public chart years and EIN of related organization (a) Name, address, and EIN of related organization (b) Primary activity	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity					
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(1) PLUMBERS AND PIPEFITTERS VOL POLITICAL EDUC LEGIS CHAR & DEF FUND 12385 LARIMORE ROAD POLITICAL ORGANIZATION MO 527 N/A N/A NO STLOUIS, MO 63138 43-0794109 PROVIDE HEALTH & RELATED BENEFITS TO MEMBERS OF LOCAL 562 TOURIS, MO 63138 43-0657966 (3) PLUMBERS AND PIPEFITTERS LOCAL UNION 562 PENSION FUND 12385 LARIMORE ROAD PENSION FOR MEMBERS OF LOCAL 562 PENSION FOR MEMBERS OF LOCAL 562 MO 401 N/A N/A NO STLOUIS, MO 63138 43-075936 (4) PLUMBERS AND PIPEFITTERS LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST TRUST 12385 LARIMORE ROAD SUPPLEMENTAL PENSION FOR MEMBERS OF LOCAL 562 MO 401 N/A N/A NO STLOUIS, MO 63138	(a) Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code section	Public charity status	Direct controlling	Section 5: contr	12(b)(1 rolled
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ST LOUIS, MO 63138 43-0759836 (4) PLUMBERS AND PIPEFITTERS LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST 12385 LARIMORE ROAD SUPPLEMENTAL PENSION FOR MEMBERS OF LOCAL 562 MO 401 N/A N/A NO ST LOUIS, MO 63138	12385 LARIMORE ROAD		МО	401		N/A		No
TRUST SUPPLEMENTAL PENSION FOR MEMBERS OF LOCAL 562 MO 401 N/A N/A No ST LOUIS, MO 63138	Name, address, and EIR of disregarded entity Complete Complet							
12385 LARIMORE ROAD FOR MEMBERS OF LOCAL 562 MO 401 N/A NO ST LOUIS, MO 63138		Reme, address, and ERI of desegnated entity Primary schools Legal districts (state or foreign country) Total income End-of-year assets 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.) 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.) 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.) Identification of Related Tax-Exempt Organizations during the tax year.) 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one organization (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one organization (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one organization (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one organization (Complete if the						
	12385 LARIMORE ROAD		МО	401		N/A		No
	ST LOUIS, MO 63138 43-6577917							
							_	

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
Part IV Identification 34 be								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, an	(a) Id EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership

q O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35,	4, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		Ne
b	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		N
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1 f		N
g	Purchase of assets from other organization(s)	1 g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1 p		N
			1	

2	If the answer to any of the above is	" see the instructions for information on who must complete this line, including covere	ed relationships and transaction thresholds

,		·	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PLUMBERS & PIPEFITTERS VOL POLITICAL EDUC LEGIS CHAR & DEF FUND	Q	300,000	CASH PAYMENTS
(2) PLUMBERS & PIPEFITTERS LOCAL UNION 562 WELFARE EDUCATIONAL FUND	М	364,886	CASH PAYMENTS
(3) PLUMBERS & PIPEFITTERS LOCAL UNION 562 WELFARE EDUCATIONAL FUND	N	1,086,920	CASH PAYMENTS
(4)			
(5)			
(6)			

1q Yes

No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N										
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010