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DLN: 93493042019084

Return of Organization Exempt From Income Tax

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

2012

OMB No 1545-0047

Open to Public Inspection

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

Form **990**

Department of the Treasury Internal Revenue Service

B Che	eck if ap	pplicable	C Name of organization UNITED ASSOCIATION OF JOURNEYM	D Employer identification number			
☐ Add	Iress ch	nange	APPRENTICES OF THE PLUMBING & P			53-0159	020
┌ Nai	ne char	nge	Doing Business As			1	
┌ Init	ıal retur	rn	Number and street (or P.O. box if ma	ıl ıs not delivered to street address) Room	n/suite		
┌ Ter	mınated	d	3 PARK PLACE	in is not delivered to street dudiess, nos.	ı, sanc	E Telephone	
_	ended r		City or town, state or country, and Z	P + 4		(410)26	9-2000
_		pending	ANNAPOLIS, MD 21401				
i VAI	nication	Pending	- Name and address of many		1	- 1	ots \$ 184,436,894
			F Name and address of prince MARK MCMANUS	cipal officer		his a group ret iates?	urn for
			3 PARK PLACE		aiiii	iates	1 16514 110
			ANNAPOLIS, MD 21401		H(b) Are	all affiliates in	cluded? 「Yes 「No
	v ovom	ont status			If "r	No," attach a li	st (see instructions)
<u>I</u> 1a	x-exem	npt status	501(c)(3) 501(c) (5) (1)	nsert no) 4947(a)(1) or 527	H(c) Gro	oup exemption	number ▶
J W	ebsite	e:► UA	ORG				
K Forr	n of org	ganızatıon	Corporation Trust Association	Other INTERNATIONAL LABOR UNIO	ON L Year of	formation 1889	M State of legal domicile MD
Pa	rt I	Sum	mary				
	1 E	Briefly d	escribe the organization's mission	or most significant activities			
			DRGANIZATION GENERAL OFF				
æ	-						
Governance	-						
Ě	-						
§	2 0	Check th	is box দ if the organization dis	continued its operations or dispose	ed of more than	25% of its net	assets
	۱ , ,	N	-	as body (Dowt VIII lyna 1 a)		İ	a 7
න් ග				ng body (Part VI, line 1a)			7
Ĕ				f the governing body (Part VI, line			0
Activities			·	alendar year 2012 (Part V, line 2a		<u> </u>	5 137
र्				cessary)			6 0
				rt VIII, column (C), line 12		_	7a 0
	b N	Net unre	lated business taxable income fro	om Form 990-T, line 34			'b 0
					Pri	ior Year	Current Year
ā	8		butions and grants (Part VIII, lin			0	
	9	Progra	m service revenue (Part VIII, lin	e 2g)		78,002,517	84,074,166
Revent	10			(A), lines 3, 4, and 7d)		4,324,349	9,890,643
_	11			ines 5, 6d, 8c, 9c, 10c, and 11e)		1,955,517	3,382,646
	12			must equal Part VIII, column (A),		84,282,383	97,347,455
	13			X, column (A), lines 1-3)		6,066,963	
	14					8,407,969	
				(, column (A), line 4)		8,407,969	8,419,520
82	15	5-10)		e benefits (Part IX, column (A), line	es	28,858,327	30,200,039
Expenses	16a			column (A), line 11e)		0	0
÷	ь		ndraising expenses (Part IX, column (D),				
Ω	17			nes 11a-11d, 11f-24e)	_	42,887,349	35,345,210
	18			t equal Part IX, column (A), line 25		86,220,608	
	19			8 from line 12	•	-1,938,225	
- op	1.5	Vevell	ac leas expenses subtract lille 1	O HOME TE		ng of Current	
Not Assets or Fund Balances					_	Year	End of Year
988 888	20	Total	assets (Part X, line 16)			198,134,414	213,606,494
۸. 4.	21					28,283,291	
žŽ	22			ne 21 from line 20		169,851,123	
Pai	t II		ature Block		<u> </u>		
Unde	r pena	lties of	perjury, I declare that I have exa	mined this return, including accomposes			
prepa	rer ha	as any k	nowledge				
		<u> </u>			1		
		**** Signa	** sture of officer			2014-02-11 Date	
Sign	1	,				Date	
H^-							
Here			MCMANUS GENERAL SECRETARY-TREA	SURER			
<u>—</u>		Туре	(MCMANUS GENERAL SECRETARY-TREA or print name and title		Date I	oot Grand Date	· N
	e	Туре	MCMANUS GENERAL SECRETARY-TREA	SURER Preparer's signature		neck 🔽 if PTI	IN 0304630
——Paid	e d	Type F	(MCMANUS GENERAL SECRETARY-TREA or print name and title rint/Type preparer's name	Preparer's signature	2014-02-07 se	IECK I* II	0304630
Paid Pre	e	Type F J F F	C MCMANUS GENERAL SECRETARY-TREA or print name and title rint/Type preparer's name EROME J ROBERTSON CPA	Preparer's signature	2014-02-07 se	elf-employed Poo	0304630 78757

BETHESDA, MD 208143415

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

✓ Yes ☐ No

Part IV Chec	klist of	Required	Schedules
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	•		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 instructions)?	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 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		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 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		No
LO	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 $\sqrt[6]{3}$	10		No
1	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, line 10? 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
C	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
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
.3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
.5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
l 6	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	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 "Yes," complete Schedule G, Part II</i>	18		No
L 9	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		Νo
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, 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	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 through 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, highest 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 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		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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		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? If "Yes," complete Schedule M	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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 69		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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			1
b	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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	Yes	
b	If "Yes," enter the name of the foreign country •CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	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		No
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).			
	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		
a	11 Fes, indicate the number of Forms 6262 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	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		
.0	Section 501(c)(7) organizations. Enter	95		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>		
1	Section 501(c)(12) organizations. Enter			
_	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)	-		
22	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	120		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
_	Is the organization licensed to issue qualified health plans in more than one state?	13a		
п.	Note. See the instructions for additional information the organization must report on Schedule O	<u> </u>		
	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	 	j 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	1 1	l

Se	ection 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			
	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			
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		No
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		No
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		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8				
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se		eveni	ıe Cod	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu 10a		e.)
10a	Did the organization have local chapters, branches, or affiliates?		Yes	e.)
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	e.)
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes Yes	e.)
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	e.)
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►MD
- 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 made these available. Check all that apply
 - Own website Another's website Volume Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MARK MCMANUS 3 PARK PLACE ANNAPOLIS, MD (410)269-2000

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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

	1	1											
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	organizations below	organizations below	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table													
	•	•	•							Form 990 (2012)			

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han (n is	one I both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	- ((F) Estima mount o compens from t	ated fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed
											\bot		
											+		
											+		
											-		
											\bot		
											+		
											+		
											+		
1b c	Sub-Total	sto Part VII S	 ection /		•		•	*			$oxed{\bot}$		
_ d	Total (add lines 1b and 1c) .	· ·			<u>.</u>	<u>.</u>	•	Þ	12,246,152		0		5,338,520
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho received more th	an			
										Г		Yes	No
3	Did the organization list any f o on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	, or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
S	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization											tax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
O'DONOGHUE & O'DONOGHUE 4748 WISCONSIN AVENUE WASHINGTON DC 20036	LEGAL SERVICES	2,507,300
KELLY PRESS INC 1701 CABIN BRANCH ROAD CHEVERLY MD 20785	PRINTING & SUPPLY SERVICES	1,998,105
SOGETI USA LLC PO BOX 633470 CINCINNATI OH 45263	IT CONSULTING SVCS	1,331,733
PRINT MANAGEMENT INC 36523 MOUNTVILLE ROAD MIDDLEBURG VA 20117	PRINTING & SUPPLY SERVICES	807,605
K&R INDUSTRIES 14110 SULLYFIELD CIRCLE CHANTILLY VA 20151	SUPPLY SERVICES	572,794

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

Part V	Ш	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check ii Schedule	O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514				
0	1a	Federated campai	gns 1a									
ints	ь	Membership dues	1b									
Contributions, Giffs, Grants and Other Similar Amounts		Fundraising event										
s, (Ar	C											
Giffi ilar	d	Related organizati										
īs,	e	Government grants (c	contributions) 1e									
tior :r S	f	All other contributions, similar amounts not in	, gifts, grants, and 1f		į	İ		j				
bu the	g	Noncash contributions										
ntri d O	9	1a-1f \$										
Col	h	Total. Add lines 1	a-1f	· · · •								
				Business Code								
enu	2a	MEMBERSHIP DUES &	ASSESSMENTS	900099	83,775,438	83,775,438						
¥e v∢	ь	SALE OF JEWELRY, DE	ECALS	900099	298,728	298,728						
se F	С											
er vi	d		_									
ŏ ⊆	е		-									
Program Serwce Revenue	f	All other program	service revenue									
₹ ⊙′												
	g 3		a-2f		84,074,166							
			ne (ıncludıng dıvıden amounts)		2,948,652			2,948,652				
	4	Income from investme	ent of tax-exempt bond	proceeds								
	5	Royalties		🕨								
		_	(ı) Real	(II) Personal								
	6a	Gross rents	613,482									
	Ь	Less rental expenses										
	С	Rental income or (loss)	613,482									
	d		or(loss)		613,482			613,48				
			(ı) Securities	(II) O ther								
	7a	Gross amount from sales of assets other than inventory	94,031,430									
	Ь	Less cost or other basis and	87,089,439									
		sales expenses										
	С	Gain or (loss)	6,941,991		6,941,991	6 041 001						
	d 8a	Gross income fron			0,941,991	6,941,991						
Other Revenue		events (not includ \$	ling - eported on line 1c) 18									
ē	L	1 aaa duu +	a ncoc h									
₹	C	Less direct exper	nses b ss) from fundraising	events L								
_		Gross income from See Part IV, line 1	m gaming activities 19									
	L	1 000 duna = +	a ncoc h									
	b c	Less direct exper	nses b ss)from gamıng actı	vities								
		Gross sales of inv	entory, less ances .									
			a .									
		Less cost of good	ds sold b ss) from sales of inv	entory								
		Miscellaneous R		Business Code								
	11a	REIMBURSEMEN		900099	2,769,164	2,769,164						
	ь	KETHOOKSEMEN			. ,							
	С											
	d	All other revenue										
	e	Total. Add lines 1		🕨								
				-	2,769,164							
	12	Total revenue. Se	e instructions .	· · · · •	97,347,455	93,785,321	(3,562,134				

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pa		(B)		<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,423,955			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	777,490			
4	Benefits paid to or for members	8,419,520			
5	Compensation of current officers, directors, trustees, and key employees	16,155,873			
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	6,711,352			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,052,383			
9	Other employee benefits	4,401,470			
.0	Payroll taxes	878,961			
.1	Fees for services (non-employees)				
а	Management	301,780			
b	Legal	3,384,678			
c	Accounting	377,664			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	310,681			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	447,267			
2	Advertising and promotion	3,107,774			
	Office expenses	1,226,607			
4	Information technology	2,905,533			
5	Royalties	2,303,333			
5	Occupancy	1,244,734			
7	Travel	3,612,762			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,012,702			
9	Conferences, conventions, and meetings	1,435,563			
0	Interest	1,213,889			
ı	Payments to affiliates	3,668,483			
2	Depreciation, depletion, and amortization	1,255,343			
3	Insurance	286,289			
4	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)				
а	DONATIONS	5,055,638			
b	UA JOURNAL	2,888,389			
c	EXPENSES- OFFICERS & RE	724,780			
d	EXPENSE REIMBURSEMENT T	488,166			
e	All other expenses	1,409,190			
:5	Total functional expenses. Add lines 1 through 24e	79,166,214			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response to any question in the	nıs Par	t X			
					(A)		(B)
		Cook and interest became			Beginning of year 250	_	End of year 250
	1	Cash—non-interest-bearing					20,505,887
	2	Savings and temporary cash investments			17,836,417	2	20,505,687
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			144,542	4	0
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete F Schedule L	of		5		
Assets	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section $501(c)(9)$ beneficiary organizations (see instructions) Complete Part II)(B), aı ı volun	nd contributing tary employees'		6	
χ. 9	7	Notes and loans receivable, net			33,807,783	7	34,029,051
₹	8	Inventories for sale or use			35,551,135	8	01,020,001
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	50,812,745			
	Ь	Less accumulated depreciation	10b	5,878,083	45,582,344	10c	44,934,662
	11	Investments—publicly traded securities		· · ·	99,565,349	11	112,950,225
	12	Investments—other securities See Part IV, line 11	899,413		899,413		
	13	Investments—program-related See Part IV, line 11		333,113	13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			298,316		287,006
	16	Total assets. Add lines 1 through 15 (must equal line 34).		198,134,414	16	213,606,494	
	17	Accounts payable and accrued expenses			100, 104, 414	17	210,000,404
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
							_
eS	21	Escrow or custodial account liability Complete Part IV of Sci				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	·				
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti			26,142,125	23	23,335,899
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P D	art X c	of Schedule	2,141,166	25	2,238,231
	26	Total liabilities. Add lines 17 through 25			28,283,291	26	25,574,130
	20	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			20,230,201	20	20,011,100
Fund Balance	27	Unrestricted net assets				27	
<u>छ</u>	28	Temporarily restricted net assets	• •			28	
<u> </u>	29	Permanently restricted net assets				29	
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check				-2	
		complete lines 30 through 34.	iicie F	lo and			
S 0.	30	Capital stock or trust principal, or current funds			169,851,123	30	188,032,364
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
As:	32	Retained earnings, endowment, accumulated income, or other			0	32	0
Net 1	33	Total net assets or fund balances			169,851,123	33	188,032,364
Z	34	Total liabilities and net assets/fund balances			198,134,414	34	213,606,494
				• •	,		Form 000 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		97,3	347,455
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,:	166,214
3	Revenue less expenses Subtract line 2 from line 1	3		18,:	81,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			351,123
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		188,0	32,364
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	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		No
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	require	3b		

VICE PRESIDENT

Software ID: Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &

APPRENTICES OF THE PLUMBING & PIPE

153,853

97,392

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount compensation hours more than one box, compensation of other unless person is both from the from related compensation per week an officer and a organızatıon (Worganizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Office Former Individual t or dilector Highest compensated employee hours organizations Institutional for employee related organızatıons below Trustee dotted line) 40 00 WILLIAM P HITE 0 383,401 164,806 GENERAL PRESIDENT 40 00 MARK MCMANUS 337,328 0 141,229 GENERAL SECRETARY-TREAS 40 00 Х 0 189,923 34,453 GENERAL SECRETARY-TREAS -40 00 STEPHEN F KELLY Х 330.036 0 137,148 SR ADMIN ASSISTANT 40 00 RICK TERVEN Χ 290,712 0 123,624 EXECUTIVE VICE PRESIDENT 40 00 WILLIAM FITHE Х 276,035 0 118,509 ADMINISTRATIVE ASSISTANT -40 00 TERRY RANSON Χ 0 259,079 111,169 ADMINISTRATIVE ASSISTANT 40 00 JOHN LINDSTROM Χ 279,456 0 89,358 ADMINISTRATIVE ASSISTANT - PAST 40 00 Х 290,618 0 127,168 DIR CANADIAN AFFAIRS 40 00 LARRY CANN Х 258.344 0 112.917 ADMIN ASSISTANT - CANADA 40 00 CHRIS HASLINGER Χ 267,248 0 124,018 DIR OF TRAINING 40 00 LARRY BULMAN Χ 261,378 0 130,596 DIR OF POLITICAL AFFAIRS 40 00 JAMES MOSS Χ 0 261,200 120,679 DIR OF ENERGY DEPT 40 00 MARTIN NASEEF Χ 262,054 0 111,588 DIR HVACR SERVICE 40 00 Χ 260,435 0 113,638 DIR OF JURISDICTION 40 00 JAMES HART Χ 0 261.778 111,472 DIR METAL TRADES DEPT 40 00 **BRETT MCCOY** Χ 273,550 0 125,866 DIR OF ORGANIZING 40 00 TOM GROSS Χ 261,048 0 115,156 DIR PIPELINE & GAS DISTR 40 00 THOMAS BIGLEY Χ 256,623 0 107,053 DIR PLUMBING SVCS 40 00 PATRICK KELLETT Χ 255,623 0 107,011 DIR BUS DEVELOPMENT & MARK 40 00 Χ 0 91,942 45,493 DIR INFORMATION TECHNOLOGY - PAST 40 00 KENNETH BROADBENT Х 0 112.189 73.477 VICE PRESIDENT 40 00 JAMES BUCHANAN Х 0 0 0 VICE PRESIDENT 40 00 KENNETH EDWARDS Χ 180,326 0 86,442 VICE PRESIDENT 40 00 STD STOLPER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustae or director hours Institutional Trustee organizations for employee related organızatıons below dotted line) 40 00 1AMES SULLIVAN Χ 151,225 0 87,016 VICE PRESIDENT - PAST 40 00 JOHN WENDE Х 122,454 0 77,232 VICE PRESIDENT 40 00 LANCE ALBIN Χ 0 226,894 95,233 INTL REP 40 00 MARK BUSS Χ 227,290 0 76,258 INTL REP 40 00 MARK BUTLER Χ 231,902 0 108,374 INTL REP 40 00 **CURTIS CADE** 0 Χ 231,902 101,234 INTL REP 40 00 JAMES CAHILL 0 Χ 231,902 98,924 INTL REP 40 00 DAVID DONATO Χ 231,475 0 108,195 INTL REP 40 00 BILL EDEN Х 231,902 0 101,855 INTL REP 40 00 BRADLEY KARBOWSKY 0 Х 231,626 105,528 INTL REP 40 00 ROBERT KINSEY Χ 218,311 0 86,416 INTL REP 40 00 ROBERT LAMB II Х 231,235 0 81,313 INTL REP 40 00 JAMES MACDONALD 0 Х 217,897 88,202 INTL REP 40 00 MICHAEL O'MARA Χ 231,386 0 98,708 INTL REP 40 00 RICHARD OLIVER Х 231,386 0 108,158 INTI REP 40 00 DAVID POSEY Х 227,289 0 95.005 INTL REP 40 00 KENNY RUGGLES Х 0 231,235 101,575 INTL REP 40 00 **GREG SAYLES** Χ 231,626 0 108,258 INTL REP 40 00 SCOTT SMITH Х 227,050 0 104,040 INTL REP 40 00 **BUDROW TOZER** 0 Χ 217,897 88,202 INTL REP 40 00 TERRANCE URBANEK Χ 227,565 0 106,931 INTL REP 40 00 **CHARLES WATTS** Х 231,902 0 108,374 INTL REP 40 00 **GARY YOUNG** Х 231,902 0 98,924 INTL REP 40 00 REUBEN BAUTISTA 231,902 Х 0 99,130 SPECIAL REPRESENTATIVE 40 00 ANNE ST ELOI 231,626 0 104,058 SPECIAL REPRESENTATIVE

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

40 00

LARRY SLANEY

SPECIAL REPRESENTATIVE

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			e box, is both id a tee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Former Highest compensated employee Key employee		organizations			
RONALD MAISONNEUVE SPECIAL REPRESENTATIVE	40 00					х		217,758	0	92,687
STEVEN MORRISON SPECIAL REPRESENTATIVE	40 00					х		217,897	0	89,372

217,537

0

89,056

DLN: 93493042019084

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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.

Inspection

Internal Revenue Service If the organization answered "Yes" to 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" 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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE 53-0159020 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 4.247.291 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C 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 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter-0-See Additional Data Table

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	_	up member s nam	e, address, LTN		
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e 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,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
For o	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	Δ	moun	t
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	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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	O ther activities?					
j	Total Add 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					
С	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), c	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
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).					
а	Current year	2a				
b	Carryover from last year	2b				
С	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				
Б	Supplemental Information					

Part IV Supplemental Information

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	,	PROVIDED CONTRIBUTIONS TO FEDERAL AND NON- FEDERAL CANDIDATES THROUGHOUT THE UNITED STATES

Software ID: Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &

APPRENTICES OF THE PLUMBING & PIPE

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
(a) Nume	(a) Addicas	(6) 2114	filing organization's own internal funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
CLINTON FOUNDATION	77 WATER STREET NEW YORK, NY 10005	311580204	25000	
COHEN FOR MAYOR	PO BOX 3481 ANNAPOLIS,MD 21401		1000	
COLORADO ACCOUNTABLE GOVT ALLIANCE	PO BOX 372217 DENVER, CO 80237	274110024	10000	
COMMITTEE FOR CHARLOTTE	400 S TRYON CHARLOTTE,NC 28202	272536781	500000	
CONNECTICUT'S FUTURE PAC	196 TRUMBULL STREET HARTFORD,CT 06103	000524751	10000	
FAIRDISTRICTS NOW INC	3182 MUNROE DRIVE MIAMI,FL 33133	274350551	50000	
FRIENDS OF JOE MORISSEY	PO BOX 1398 RICHMOND, VA 23218	320198469	25000	
HOUSE MAJORITY PAC	700 13TH STREET NW WASHINGTON, DC 20005	000495028	515000	
ILLINOIS PIPE TRADES ASSOCIATION	534 SOUTH SECOND STREET SPRINGFIELD,IL 62701	366080375	81000	
INTERNATIONAL LABOR RIGHTS FORUM	1634 I ST NW WASHINGTON, DC 20006	521497461	2500	
INTERNATIONAL UNION OF PAINTERS	7234 PARKWAY DRIVE HANOVER, MD 21076		47791	
LOS ANGELES COUNTY DEMOCRATIC PARTY	3550 WILSHIRE BLVD LOS ANGELES, CA 90010	000300731	20000	
NATL DEMOCRATIC REDISTRICTING TRUST	501 3RD STREET NW WASHINGTON, DC 20001		257000	
NEW YORK STATE AFL-CIO	100 SOUTH SWAN STREET ALBANY,NY 12210		1000	
PLUMBERS & PIPEFITTERS LOCAL 41	45 EAST SILVER STREET BUTTE,MT 59701		30000	
PRESIDENTIAL INAUGURAL COMMITTEE	PO BOX 23683 WASHINGTON, DC 20026	943453768	500000	
PRIORITIES USA ACTION	1718 M STREET NW WASHINGTON, DC 20036	371635320	750000	
PROTECT WORKING FAMILIES	PO BOX 1317 NOVI,MI 48376	454620833	25000	
RICK KREISMAN FOR MAYOR	PO BOX 48806 ST PETERSBURG, FL 33743		500	
SENATE MAJORITY PAC	700 13TH STREET NW WASHINGTON, DC 20005		15000	
STRONGER TOGETHER	100 S SWAN STREET ALBANY,NY 12210	461125088	26000	
THE AMERICAN WORKER	700 13TH STREET NW WASHINGTON, DC 20005	273412801	40000	
THE COMMUNITY INFORMATION PROJECT	3175 S WAXBERRY WAY DENVER,CO 80231	274336987	10000	
THE FAITH & POLITICS	100 MARYLAND AVENUE NE WASHINGTON, DC 20002	521759052	5000	
THE NINETY NINE PERCENT	PO BOX 27892 WASHINGTON, DC 20037	462354073	50000	
USA SPRINKLER FITTERS	7030 TACOMA MALL BLVD TACOMA, WA 98409		5000	
VOTE VETS ACTION FUND	PO BOX 10031 PORTLAND,OR 97296	510596352	275000	
WASHINGTON STATE ASSOCIATION	7030 TACOMA MALL BLVD TACOMA, WA 98409	910462121	50000	
WOMEN VOTE	1120 CONNECTICUT AVENUE NW	521391360	25000	
NODIZEDO VOZGE	WASHINGTON, DC 20006			
WORKERS VOICE	815 16TH STREET NW WASHINGTON, DC 20006	000484287	500000	

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal 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-
WORKING CALIFORNIAN TO ELECT WENDY GREUEL FOR MAYOR	20321 SW ACACIA ST NEWPORT BEACH, CA 92660		25000	
COALTION FOR COLORADO'S FUTURE	PO BOX 370531 DENVER,CO 80237	273971602	10000	
BLUE GREEN ALLIANCE	1020 19TH STREET NW WASHINGTON,DC 20036	203477309	100000	
CFL RISE AD	130 EAST RANDOLPH ST CHICAGO,IL 60601		100000	
CHICAGO FOR RAHM EMANUEL	845 W WOLFRAM ST CHICAGO,IL 60657		10500	
CLINTON GLOBAL INITIATIVE	1271 AVE OF AMERICAS LITTLE ROCK, AR 72201	271551550	150000	

DLN: 93493042019084

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

tema	Revenue Service F Attach to For	m 990. ► See separate instructions.		Inspection
UN	me of the organization ITED ASSOCIATION OF JOURNEYMEN & PRENTICES OF THE PLUMBING & PIPE			oloyer identification number
	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			0159020 or Accounts. Complete if the
	organization answered les to form 990	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year	(0,		(-,
2	Aggregate contributions to (during year)		1	
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	_	nor advi	rsed ☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)	certifie	rically important land area d historic structure n of a conservation
	· · ·			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year 🛌			
1	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia	•	•
'ar	Complete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			* \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tı</u>	<u>easures, </u>	<u>, or Oth</u>	<u>ier S</u>	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the following	g that are	a sı	gnıficant use	ofits	
а	Public exhibition		d	Γ	Loan	or exchange	e prograr	ns			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın ho	w the	y furthe	er the organ	ızatıon's	exen	npt purpose (ın	
5	During the year, did the organization solicit of	or receive donations	sofai	rt, hıs	torıcal	treasures o	or other s	ımıla			_
	assets to be sold to raise funds rather than t							115.6		┌ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						swered	"Yes	to Form 9	90, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	y for c	ontribu	itions or oth	ner asset	s not	t	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		_				
								_	An	nount	
С	Beginning balance						10	c			
d	Additions during the year						10	<u> </u>			
е	Distributions during the year						16	e			
f	Ending balance						11	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?						│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been provid	ed in Par	t XII	Ι		Γ
Pai	rt V Endowment Funds. Complete										
		(a)Current year	(b)Prior	year	b (c) Two ye	ars back (d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
Т	Administrative expenses										
g	End of year balance					/ >>					
2	Provide the estimated percentage of the curr	ent year end balan	ce (III	ne 1g	, colum	in (a)) held a	as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and admin	nstered f	or the	e	[,	
	organization by (i) unrelated organizations			_					3a(Yes	No
	(ii) related organizations			• •				• •	3a(
b	If "Yes" to 3a(II), are the related organization								31	_	
4	Describe in Part XIII the intended uses of th	e organization's en	down	nent f	unds						
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa								
	Description of property				Cost or s (invest		ost or othe sis (other)	er (c) Accumulated depreciation	(d) Bo	ook value
1a	_and						11,119,80	01		1	11,119,801
b I	Buildings						37,798,05	56	4,946,87	6 3	32,851,180
c l	_easehold improvements										
d I	Equipment						908,02	29	515,76	4	392,265
_e (Other						986,85	59	415,44	3	571,416
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colu	umn (B), line	10(c).)		-		4	14,934,662

(a) Description of security or category (c) Florence defends the value (c) Florence defends the value (c) Florence defends the value (c) Florence defends the value (c) Florence defends the value (c) Florence defends the value of the value	Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(2) Treated, (Columns (3) most equal from \$500, Part X, cot (3) from \$2.2). Total, (Columns (3) most equal from \$500, Part X, cot (4) from \$2.2). Part VIII Investments—Program Related, See Form \$900, Part X, line 13. (a) Description of investment type (b) Beak value Cost or end-of-year investment type (c) Nether of valuation Cost or end-of-year investment type (b) Beak value (c) Nether of valuation Cost or end-of-year investment type (c) Nether of valuation Cost or end-of-year investment type (d) Description (e) Beak value (e) Beak value Total, (Column (9) most equal from \$50, Part X, cot (6) fine 15.) Part X Other Liabilities, See Form \$90, Part X, line 25. (e) Description (f) Beak value (g) Description (h) Beak value (h) Beak value Total, (Column (b) most equal from \$50, Part X, cot (6) fine 15.) Part X Other Liabilities, See Form \$90, Part X, line 25. 2,068 PAYKELI DEDUCTIONS 7,068 PAYKELI DEDUCTIONS 7,068 PAYKELI DEDUCTIONS 7,068 PAYKELI DEDUCTIONS 7,068 PAYKELI DEDUCTIONS 1,075,073 PAYKELI DEDUCTIONS 1,075,073	(a) Description of security or category		(c) Metho	
			Cost or end-o	f-year market value
Total, (Column (s) most equal from 990, first X, cot (s) line 12) Total, (Column (s) most equal from 990, first X, cot (s) line 12) Total, (Column (s) most equal from 990, first X, cot (s) line 2) Total, (Column (s) most equal from 990, first X, cot (s) line 2) Total, (Column (s) most equal from 990, first X, cot (s) line 2) Total, (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most equal from 990, first X, cot (s) line 2) Total (column (s) most equal from 990, first X, cot (s) line 2) Total (Column (s) most	(1)Financial derivatives			
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Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873	Total. (Column (b) must equal Form 990 Part X col (B) line 15	5.)		
1 (a) Description of liability (b) Book value Federal income taxes PAYROLL DEDUCTIONS 7,068 MISC ACCT PAYABLE 1,026 DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				I
Federal income taxes PAYROLL DEDUCTIONS MISC ACCT PAYABLE DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873	(-) December of Challeton	1'		
PAYROLL DEDUCTIONS MISC ACCT PAYABLE DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873		(-) =		
MISC ACCT PAYABLE DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
DEFERRED COMPENSATION 1,050,264 HEALTH INSURANCE RESERVES 1,179,873				
HEALTH INSURANCE RESERVES 1,179,873	MISC ACCT PAYABLE			
	DEFERRED COMPENSATION	1,050,264		
	HEALTH INSURANCE RESERVES	1,179,873		
Total (Column (h) must equal Form 990, Part V col (R) line 25.)	Total (Column (h) must equal Form 000, Part V, col (P) (r = 25)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2,238,231 2, Ein 48 (ASC 740) Footnote. In Part XIII. provide the text of the footnote to the organization's financial statements that reports the				

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
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)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493042019084

OMB No 1545-0047

No

2012

Open to Public Inspection

SCHEDULE F (Form 990)

Internal Revenue Service

Department of the Treasury

b Complete if the examination proported "Voc" to Form 000

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number
53-0159020

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	NORTH AMERICA	1		PROVIDING SERVICES AND BENEFITS TO MEMBERS	N/A	2,513,651
_						2 512 651
b	Sub-total Total from continuation sheets to Part I	0	9			2,513,651 0
	Totals (add lines 3a and 3b)	1	9			2,513,651

art II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	_								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
	 		1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Sup	plemer	ntal Ir	nform	atior

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

		additional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE GRANTEES PROVIDE THI ORGANIZATION WITH WEEKLY UPDATES OF THEIR EXPENDITURES THE ORGANIZATION MAINTAINS AND MONITORS THE GRANTEES EXPENDITURES AND THE AMOUNTS OF THE GRANTS
		Schodule E (Forms 000) 2012

Additional Data

Software ID:

Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &

APPRENTICES OF THE PLUMBING & PIPE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			ORGANIZING GRANT	102,812	CHECK			воок
			ORGANIZING GRANT	207,560	CHECK			воок
			ORGANIZING GRANT	22,088	CHECK			воок
			ORGANIZING GRANT	54,084	CHECK			воок

Form 990 Scheav	ie i part II	- Grants or Entition	es outside ine un	itea States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ORGANIZING GRANT	20,222	CHECK			воок
			ORGANIZING GRANT	130,568	CHECK			воок
			ORGANIZING GRANT	48,140	CHECK			воок
			ORGANIZING GRANT	11,832	CHECK			воок

, Form 990 Scneau	He F Part II	- Grants or Entitle	es outside ine un	itea States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ORGANIZING GRANT	9,066	CHECK			воок
			ORGANIZING GRANT	42,116	CHECK			воок
			ORGANIZING GRANT	36,874	CHECK			воок
			ORGANIZING GRANT	78,055	CHECK			воок

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
	1		ORGANIZING GRANT	14,073	CHECK			воок		

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

(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the Organization answered "Yes." to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2012

DLN: 93493042019084

epartment of the Treasury nternal Revenue Service	Comple		Attach to Form 990	1 990, Part 1V, line 21 or .	22.		pen to Public Inspection
ame of the organization NITED ASSOCIATION OF JOUR	NEVMEN O					Employer identificati	on number
PPRENTICES OF THE PLUMBING						53-0159020	
Part I General Informat							
Does the organization mainta the selection criteria used to	award the grants or as	sıstance?					∀ Yes ∇ N
Describe in Part IV the organ						anakan anamanad IIV	(a.a.ll. b.a.
Part II Grants and Other Form 990, Part IV,				rt II can be duplicated			es to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section	501(c)(3) and govern	ment organizations lis	ted in the line 1 table .			<u> </u>	
3 Enter total number of other or						_	43
or Paperwork Reduction Act Notice, :				Cat No 50055P			le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE GRANTEES PROVIDE THE ORGANIZATION WITH WEEKLY UPDATES OF THEIR EXPENDITURES THE ORGANIZATION MAINTAINS AND MONITORS THE GRANTEES EXPENDITURES AND THE AMOUNTS OF THE GRANTS

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &

APPRENTICES OF THE PLUMBING & PIPE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO PIPE TRADES 2870 JANITELL ROAD COLORADO SPRINGS,CO 80906	84-1000434	5	45,667		воок		ORGANIZING GRANT
FLORIDA PIPE TRADES 13185 NW 45TH AVENUE OPA LOCKA,FL 33054	59-6209635	5	390,333		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST DISTRICT COUNCIL #11237 PASS ROAD GULFPORT,MS 39501	14-1876884	5	61,000		воок		ORGANIZING GRANT
GEORGIA PIPE TRADES 374 MAYNARD TERRACE ATLANTA,GA 30316	58-6054909	5	390,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS PIPE TRADES45 NORTH OGDEN AVENUE CHICAGO,IL 60607	36-6080375	5	6,000		воок		ORGANIZING GRANT
INDIANA PIPE TRADES 2930 W LUDWIG ROAD FORT WAYNE,IN 46818	35-0312151	5	81,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND PIPE TRADES 7050 OAKLAND MILLS ROAD COLUMBIA,MD 21046	52-2081390	5	237,500		воок		ORGANIZING GRANT
MICHIGAN PIPE TRADES 1008 OMALLEY DRIVE COOPERSVILLE,MI 49404	23-7352117	5	138,500		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA PIPE TRADES 4402 AIRPARK BLVD DULUTH,MN 55811	41-6033705	5	210,000		воок		ORGANIZING GRANT
NEW ENGLAND PIPE TRADES1250 E MAIN STREET MERIDEN, CT 06450	22-2921877	5	136,500		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA STATE PIPE TRADES760 N LAMN BLVD LAS VEGAS,NV 89110	94-3071068	5	25,000		воок		ORGANIZING GRANT
OHIO STATE ASSOCIATION947 GOODALE BOULEVARD COLUMBUS,OH 43212	31-1270975	5	206,667		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE PIPE TRADES 4229 PRESCOTT ROAD MEMPHIS,TN 38118	62-1538616	5	44,000		воок		ORGANIZING GRANT
TRI STATES ASSOCIATION 1211 RAPIDES AVENUE ALEXANDRIA,LA 71301	64-0889191	5	50,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA PIPE TRADES 701 STOCKTON STREET RICHMOND,VA 23224	54-1344947	5	162,500		воок		ORGANIZING GRANT
WASHINGTON STATE ASSOCIATION7030 TACOMA MALL BLVD TACOMA,WA 98409	91-0462121	5	47,667		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA PIPE TRADES2584 GUYAN AVENUE HUNTINGTON,WV 25387	55-0582055	5	24,000		воок		ORGANIZING GRANT
WISCONSIN PIPE TRADES 11175 WEST PARKLAND AVENUE MILWAUKEE, WI 53224	39-1606922	5	66,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL PIPE TRADES1211 RAPIDES AVENUE ALEXANDRIA,LA 71301	64-0889191	5	320,000		воок		ORGANIZING GRANT
SOUTHWEST PIPE TRADES 2002 AVENUE J LUBBOCK,TX 79405	20-3465106	5	314,167		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN PIPE TRADES2870 JANITELL ROAD COLORADO SPRINGS,CO 80906	27-4198952	5	190,167		воок		ORGANIZING GRANT
UA DISTRICT COUNCIL #16501 SHATTO PLACE LOS ANGELES,CA 90020	95-1664056	5	231,333		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 88600 HILLCREST ROAD KANSAS CITY,MO 64138	44-0393595	5	20,000		воок		ORGANIZING GRANT
UA LOCAL UNION 92 IRON ORE ROAD ENGLISHTOWN,NJ 07726	22-0583720	5	24,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 164801 F STREET OMAHA,NE 68117	47-0561638	5	80,000		воок		ORGANIZING GRANT
UA LOCAL UNION 2420 FAIRFIELD PLACE WEST CALDWELL, NJ 07006	22-1345751	5	26,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 30317 WASHINGTON STREET BILLINGS,MT 59101	81-0201347	5	30,000		воок		ORGANIZING GRANT
UA LOCAL UNION 5111 HEMINGWAY DRIVE E PROVIDENCE,RI 02915	06-1475010	5	29,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 104168 CHICOPEE STREET CHICOPEE,MA 01013	04-2705589	5	8,000		воок		ORGANIZING GRANT
UA LOCAL UNION 140 2261 SOUTH REDWOOD ROAD SALT LAKE CITY, UT 84119	20-2498482		33,333		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 159 1308 ROMAN WAY MARTINEZ,CA 94553	94-0944925	5	35,000		воок		ORGANIZING GRANT
UA LOCAL UNION 228 1246 PUTMAN AVENUE YUBA CITY,CA 95991	94-1493708	5	56,667		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 322534 STATE ROUTE 73 WINSLOW,NJ 08095	21-0538170	5	40,500		воок		ORGANIZING GRANT
UA LOCAL UNION 367610 W 54TH AVENUE ANCHORAGE,AK 99518	92-0013284	5	36,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 375 3980 BOAT STREET FAIRBANKS,AK 99709	92-0013904	5	15,257		воок		ORGANIZING GRANT
UA LOCAL UNION 475136 MT BETHEL ROAD WARREN,NJ 07059	22-1305230	5	55,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 483 2525 BARRINGTON COURT HAYWARD,CA 94545	94-1011692	5	24,000		воок		ORGANIZING GRANT
UA LOCAL UNION 520 7193 JONESTOWN ROAD HARRISBURG,PA 17112	23-1173154	5	53,333		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 525760 N LAMN BLVD LAS VEGAS,NV 89110	88-0030428	5	53,333		воок		ORGANIZING GRANT
UA LOCAL UNION 55046 ROCKLAND STREET BOSTON,MA 02132	04-1859910	5	31,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 6697050 OAKLAND MILLS ROAD COLUMBIA,MD 21046	23-7152443	5	340,667		воок		ORGANIZING GRANT
UA LOCAL UNION 6933 GREGORY DRIVE S BURLINGTON, VT 05403	03-0210219	5	12,000		воок		ORGANIZING GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 709 12140 RIVERA ROAD WHITTIER,CA 90606	95-1588769	5	11,333		воок		ORGANIZING GRANT
UA LOCAL UNION 777 1250 E MAIN STREET MERIDEN,CT 06450	06-1390416	5			воок		ORGANIZING GRANT

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DLN: 93493042019084

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE

Employer identification number

53-0159020

Pa	rt I (Questions Regarding Compensation	1	•			
						Yes	No
1a				ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	▼ Firs	st-class or charter travel	\sqcap	Housing allowance or residence for personal use			
	▽ Tra	ivel for companions		Payments for business use of personal residence			
	Г Тах	x idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	┌ Dis	cretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		f the boxes in line 1a are checked, did the org sement or provision of all of the expenses de		on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b	Yes	
2		organization require substantiation prior to res, trustees, and the CEO/Executive Director		ing or allowing expenses incurred by all officers, ling the items checked in line 1a?	2	Yes	
3	organız	e which, if any, of the following the filing organ ation's CEO/Executive Director Check all th a related organization to establish compensa	at apply				
	Г Co	mpensation committee	\sqcap	Written employment contract			
		lependent compensation consultant	\sqcap	Compensation survey or study			
	For	m 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4		the year, dıd any person listed in Form 990, F ated organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive	e a severance payment or change-of-control p	paymen	t?	4a		Νo
b	Particip	oate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
C	Particip	oate in, or receive payment from, an equity-ba	sed cor	mpensation arrangement?	4c		Νo
	If "Yes'	' to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 50	1 (c)(3) and $501(c)(4)$ organizations only mus	st comp	olete lines 5-9.			
5		sons listed in Form 990, Part VII, Section A, isation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The org	anızatıon?			5a		
b	Any rela	ated organization?			5b		
		" to line 5a or 5b, describe in Part III					
6		sons listed in Form 990, Part VII, Section A, isation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The org	anızatıon?			6a		
b	Any rela	ated organization?			6b		
	If"Yes,	" to line 6a or 6b, describe in Part III					
7		sons listed in Form 990, Part VII, Section A , its not described in lines 5 and 6? If "Yes," d			7		
8				ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		
9		to line 8, did the organization also follow the	rebutta	able presumption procedure described in Regulations			

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	· · · · · · - , · · ·	FIRST CLASS TRAVEL IS AUTHORIZED FOR OFFICERS PER THE UA CONSTITUTION COMPANION TRAVEL IS AUTHORIZED FOR THE GENERAL PRESIDENT PER THE UA CONSTITUTION
	PART I, LINE 4B	JOHN LINDSTROM \$27,605

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE

Form 990, Schedule J, P	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WILLIAM P HITE	(I) (II)	309,254 0	O O	74,147 0	0 0	164,806 0	548,207 0	0
MARK MCMANUS	(I) (II)	259,920 0	0	77,408 0	0	141,229 0	478,557 0	0
PATRICK R PERNO	(I) (II)	153,451 0	0	36,472 0	0	34,453 0	224,376 0	0
STEPHEN F KELLY	(I) (II)	242,402 0	0	87,634 0	0	137,148	467,184 0	0
RICK TERVEN	(ı) (ıı)	215,696 0	0	75,016 0	0	123,624	414,336 0	0
WILLIAM E LILLE	(ı) (ıı)	203,241 0	0	72,794 0	0	118,509	394,544 0	0
TERRY RANSON	(1) (11)		0	73,314 0	0	111,169	370,248 0	0
JOHN LINDSTROM	(ı) (ıı)		0	66,992 0	0	89,358 0	368,814 0	0
JOHN TELFORD	(ı) (ıı)		0	52,000	23,200	103,968	417,786	0
LARRY CANN	(I) (II)	206,344 0	0	52,000	20,242	92,675	371,261	0
CHRIS HASLINGER	(I) (II)	210,588 0	0	56,660 0	0	124,018	391,266 0	0
LARRY BULMAN	(ı) (ıı)	188,472 0	0	72,906	0	130,596	391,974 0	0
JAMES MOSS	(ı) (ıı)	208,684 0	0	52,516 0	0	120,679	381,879 0	0
MARTIN NASEEF	(I) (II)	186,762 0	0	75,292 0	0	111,588	373,642 0	0
MICHAEL PLEASANT	(ı) (ıı)		0	68,173	0	113,638	374,073	0
JAMES HART	(ı) (ıı)	186,762 0	0	75,016 0	0	111,472	373,250 0	0
BRETT MCCOY	(ı) (ıı)	221,274 0	0	52,276 0	0	125,866	399,416 0	0
TOM GROSS	(ı) (ıı)	195,532 0	0	65,516 0	0	115,156	376,204 0	0
THOMAS BIGLEY	(ı) (ıı)	182,747 0	0	73,876 0	0	107,053	363,676 0	0
PATRICK KELLETT	(ı) (ıı)	182,747 0	0	72,876 0	0	107,011	362,634 0	0

Form 990, Schedule J, Part	: II - Officers, Dire	ctors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		
(A) Name	(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	incentive compensation	(iii) O ther compensation				990 01 1 01111 990-L2
	(ı) 99,87 ıı)	0 0	12,316 0	0 0	73,477 0	185,666 0	0 0
	(ı) 133,28	9 0 0	47,037 0	0	86,442 0	266,768 0	0
	(ı) 152,96 ıı)	1 0 0	892 0	0	97,392 0	251,245 0	0 0
	(ı) 127,52 II)	6 0 0	23,699 0	0	87,016 0	238,241	0
	(ı) 105,23 ıı)	8 0 0	17,216 0	0	77,232 0	199,686	0
	(1) 160,07	4 0 0 0	66,820 0	0	95,233	322,127	0
	(1) 153,17	4 0 0	74,116 0	0	76,258 0	303,548	0
	(1) 179,11	0 0	52,792 0	0	108,374	340,276	0
	(1) 162,11	0 0	69,792	0	101,234	333,136	0
JAMES CAHILL	156,61	0 0	75,292 0	0	98,924	330,826	0
	178,64	2 0 0	52,833	0	108,195	339,670	0
	163,58	8 0	68,314	0	101,855	333,757	0
	172,61	0 0	59,016	0	105,528	337,154	0
	(1) 166,31	1 0 0	52,000	16,283	70,133	304,727	0
	(1) 163,21	6 0	68,019	0	81,313	312,548	0
JAMES MACDONALD ((1) 165,89	7 0 0	52,000	16,283	71,919	306,099	0
MICHAEL O'MARA	156,61	0 0	74,776 0		98,708	330,094	0
RICHARD OLIVER	(ı) 179,11 ıı)	0 0	52,276 0	0	108,158	339,544	0
DAVID POSEY	(1) 153,92	· · · · · ·	73,367	0	95,005	322,294	0
KENNY RUGGLES	163,43	7 0 0	67,798	0	101,575	332,810	0

Form 990, Schedule J, Pa	art I	I - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
GREG SAYLES	(I) (II)	179,110 0	0	52,516 0	0 0	108,258 0	339,884 0	0
SCOTT SMITH	(I) (II)	175,674 0	0	51,376 0	0	104,040 0	331,090 0	0
BUDROWTOZER	(I) (II)		0	52,000 0	16,283 0	71,919 0	306,099 0	0
TERRANCE URBANEK	(I) (II)	175,673 0	0	51,892 0	0 0	106,931 0	334,496 0	0 0
CHARLES WATTS	(I) (II)	179,110 0	0	52,792 0	0 0	108,374 0	340,276 0	0
GARY YOUNG	(ı) (ıı)		0 0	75,292 0	0 0	98,924 0	330,826 0	0 0
REUBEN BAUTISTA	(I) (II)		0	74,802 0	0 0	99,130 0	331,032 0	0 0
ANNE ST ELOI	(I) (II)	169,110 0	0	62,516 0	0	104,058 0	335,684 0	0 0
RONALD MAISONNEUVE	(I) (II)		0	52,000 0	16,269 0	76,418 0	310,445 0	0
STEVEN MORRISON	(I) (II)		0	52,000 0	16,283 0	73,089 0	307,269 0	0
LARRY SLANEY	(I) (II)	165,537 0	0	52,000 0	16,283 0	72,773 0	306,593 0	0

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DLN: 93493042019084

OMB No 1545-0047

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization	Employer identifi	cation number
UNITED ASSOCIATION OF JOURNEYMEN &		
APPRENTICES OF THE PLUMBING & PIPE	53-0159020	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	INDIVIDUALS BECOME MEMBERS OF THE UNITED ASSOCIATION IN ACCORDANCE WITH A GOVERNING CONSTITUTION AND BY-LAWS THE UNITED ASSOCIATION'S MEMBERS HAVE THE RIGHTS PROVIDED THEM IN THE CONSTITUTION AND AFFORDED THEM UNDER APPLICABLE LAW
	FORM 990, PART VI, SECTION A, LINE 7A	DELEGATES TO THE UNITED ASSOCIATION'S CONVENTION ELECT THE MEMBERS OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY CAN BE APPEALED AT THE UNITED ASSOCIATION'S CONVENTION
	FORM 990, PART VI, SECTION B, LINE 11	THE GOVERNING BODY OF THE UNITED ASSOCIATION REVIEWED THE 990 PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ANNUAL FINANCIAL DISCLOSURE STATEMENT DOL FORM LM-2 IS AVAILABLE FOR PUBLIC INSPECTION AT THE DOL WEBSITE
		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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DLN: 93493042019084

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury

APPRENTICES OF THE PLUMBING & PIPE

(Form 990)

Internal Revenue Service Name of the organization UNITED ASSOCIATION OF JOURNEYMEN &

Employer identification number 53-0159020

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ect controlling entity		
(1) PARK PLACE II TRUST 3 PARK PLACE ANNAPOLIS, MD 21401	BUSINESS TRUST	MD						
(2) UNITED ASSOCIATION MISSISSIPPI LANDING HOLDING COMPANY 3 PARK PLACE ANNAPOLIS, MD 21401 52-2307740	HOLDING COMPANY	MD						
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	zations (Complete if ne tax year.)	the organization a	nswered "Yes"	to Form 990, Par	rt IV, line	34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	on Public charity sta (if section 501(c)	ntus D	(f) Direct controlling entity	Section (13) co en	ontrolle tity?
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013				chedule R (Forn	- 000) 7	1012

| S14) Type No Yes |
|--|--|
| 4600 HILLCREST DRIVE
HOLLYWOOD, FL 33021 | |
| 32-2200345 | |
| | |
| | |
| | |
| | |
| | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, P line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | rt IV, |
| (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) Direct controlling entity (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) (C corp, S corp, or trust) | (i)
Section 512
(b)(13)
controlled
entity? |
| (1) HILLCREST COUNTRY CLUN INC | Yes No |
| 3 PARK PLACE ANNAPOLIS, MD 21401 52-2199901 | |
| | |
| | |
| | |
| | |
| | |

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1 c		No
d	Loans or loan guarantees to or for related organization(s)				1d	Yes	,
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
	Sale of assets to related organization(s)				1g		No
_	Purchase of assets from related organization(s)				1h		No
	Exchange of assets with related organization(s)				1i		No
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
,	Lease of facilities, equipment, of other assets to related organization(s)				-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships a	and transaction thresholds			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
1) H	ILLCREST COUNTRY CLUB LIMITED PARTNERSHIP	D	336,347				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &

APPRENTICES OF THE PLUMBING & PIPE

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to pr			
			Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493042019084 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE 53-0159020 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 1,255,343 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 1,255,343 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? ┌ Yes	Гпо		24	Ib If "Y	es," ıs t	the ev	ıdence	written?	, Г _Y е	s L N	D
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recovery period	Met	g) :hod/ ention		(ŀ Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo	•		y placed	ın service	during the	tax year	and ι	sed more	than	Ī						
50% in a qualified busi	•									25						
26 Property used more	e than 50% 	in a qualified b	usiness	use	Τ			I	<u> </u>		Т			\neg		
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27 Property used 50%	orless in a		ness us	е	1			ı	lc //		_					
		%			1				S/L - S/L -		+			-		
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28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lir	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1			–					29			
					mation	on U	se o	of Veh	icles				<u> </u>			
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or i	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n excepti		mpletin I						<u></u>
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during off-duty ho		crsonar usc		165	140	163	140	163	- 14	'	CS	140	163	110	163	+ 140
35 Was the vehicle u		· · · · · ·	n 5%						-	_				+-		+
owner or related p		, by a more the														
36 Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ		t an exc												not mo	re tha
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employees? .							•			• •		•				
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41 Do you meet the r				· · ·	· · ·	• • nstratio	n IIS	 e?(See	ınstru	· ·		•				
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Part VI Ailio	luzation	(b)				$\overline{}$			\neg	(a)						
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42 A mortization of co	ctc that har	begins		tav 2000	/coc :n=	tructic) c \		I be		age					
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40.0			2012							Т						
43 Amortization of co	_	-					•			-	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	ere to re	port					44					