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Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public

Open to Public

Inter	nal Rev	Information about Form 990 and its instructions is at Wi	vw irs gov/form99	<u> </u>	Inspection
A	or th	e 2013 calendar year, or tax year beginning $MAR = 1$, 2013 and ending	FEB 28,	2014	
В	Check if	C Name of organization	D Employer	dentific	ation number
ε	applicat	UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF			
	Addr	THE PLUMB.& PIPEFITTING IND. LOCAL 777			
	Name			06-13	390416
F	Initial	<u> </u>	Tolophon		770410
-	returr Term	· ' '	suite E Telephone		217 4750
<u> </u>	ated Amer	1230 EAST MAIN SIREET			317-4750
Ļ	returr ليــ	City or town, state or province, country, and ZIP or foreign postal code	G Gross receip	ts \$	5,039,076.
L	Appli tion		H(a) Is this a	group ref	
=	pend	F Name and address of principal officer MICHAEL ROSARIO	for subo	ordinates?	Yes X No
0.01	<u>.i</u>	SAME AS C ABOVE	H(b) Are all sub	ordinates inc	cluded? Yes No
اما	ax-ex	empt status \bigcirc 501(c)(3) \bigcirc 501(c)(5) \triangleleft (insert no) \bigcirc 4947(a)(1) or \bigcirc	527 If "No,"	attach a l	ist (see instructions)
J \	Nebsi	te: ► WWW.LOCAL777.COM	H(c) Group e	exemption	number >
					State of legal domicile CT
	irt I	Summary			
		Briefly describe the organization's mission or most significant activities BARGAIN.	NG AGENT	FOR "	THE APPROX.
<u> </u>		3,500 MEMBERS OF THE LOCAL UNION. PROVIDES I			LABOR
Activities, & Governance	2	Check this box If the organization discontinued its operations or disposed of			
ĕΞ		Number of voting members of the governing body (Part VI, line 1a)	more man 2570 on	1 . 1	17
62	3			3	17
જું <i>)</i>	1 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	11
ጀ	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Year		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Ę,	9	Program service revenue (Part VIII, line 2g)	3,638,	318.	<u>4,076,807.</u>
Revenue	10	Investment income (Part VIII, column (A), lines (3)4, and 7d)	-28,	528.	-42 <u>3,0</u> 40.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 60 8c, 90 108, and 1 te)		560.	-1,529.
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12	3,610,	350.	3,652,238.
	13	Grants and similar amounts paid (Part IX, column (A), (DS 3) EN, U		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,258,	512.	1,176,150.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	l	Total fundraising expenses (Part IX, column (D), line 25)			
ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,286,	391	3,464,146.
	1		5,544,		4,640,296.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-1,934,		
_ S	19	Revenue less expenses Subtract line 18 from line 12			<u>-988,058.</u>
Net Assets or Fund Balances			Beginning of Curre		End of Year
SSE	20	Total assets (Part X, line 16)	2,598,		1,663,839.
et A	21	Total liabilities (Part X, line 26)		625.	0.
		Net assets or fund balances Subtract line 21 from line 20	2,537,	050.	1,663,839.
	ırt II	Signature Block			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is
true,	corre	t, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowle	dge /	
		Michael Reselli		8//	8/2014
Sıgı	ו	Signature of officer	Date	•	'
Her	е	MICHAEL ROSARIO			
		Type or print name and title	- 10.		-1
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		NICHOLAS IWANECNICHOLAS IWANEC	08/13/14	self-employed	P00790505
Prep	arer	Firm's name BEERS, HAMERMAN & CO., P.C.	Firm's	S EIN 🛌	06-0971924
Use		Firm's address 234 CHURCH STREET			
	-	NEW HAVEN, CT 06510	Phone	e no. (2 0	3)787-6527
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	m 990 (2013) THE PLUMB. & PIPEFI	TTING IND.	LOCAL 777	<u> </u>	0416 Page	<u>2</u>
Pa	art III Statement of Program Service Accomplish	nments				
	` Check if Schedule O contains a response or note to any	line in this Part III]
1	Briefly describe the organization's mission					
•	BARGAINING AGENT FOR THE APPROX	אסר עדשתאשדי	о мемрерс		ነአ T.	
						—
	UNION. PROVIDES BENEFITS, FAIR	LABOR STAN	DARDS AND	BETTERMENT	_ OF	_
	WORKING CONDITIONS.					
2	Did the organization undertake any significant program service	es during the year which	h were not listed o	on		
	the prior Form 990 or 990-EZ?	,			Yes X No	0
	If "Yes." describe these new services on Schedule O					•
_				0	Yes X No	
3	Did the organization cease conducting, or make significant ch	anges in how it conduc	cts, any program s	ervices?	LYes L&_ No)
	If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments	for each of its three la	argest program ser	vices, as measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of gra	ants and allocation	is to others, the total e	xpenses, and	
	revenue, if any, for each program service reported					
		ding grants of \$) (Revenue \$		_
, ,	THE UNION REPRESENTS ITS MEMBER	C TN TAROD	NECOULVALL	· · · — — —		. /
					. 	_
	EMPLOYERS, INVOLVING WAGES, BEN	EFITS AND	WORKING C	ONDITIONS.		—
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4b	(Code) (Expenses \$ inclu	ding grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ inclu	ding grants of \$) (Revenue \$		1
70	/Code / (Expenses a micid	ung grants or \$		/ (nevenue #		′
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4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses					_
					Form 990 (201:	3)
					<u> </u> -0	-,

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		X
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?			37
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2013)

Part IV Checklist of Required Schedules (continued)

		Form	990 (2013)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	
	If "Yes," complete Schedule R, Part V, line 2	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	sections 301 7701-2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32	_	_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
٠.	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	contributions? If "Yes," complete Schedule M	30		Х
30	Did the organization receive more than \$25,000 in non-cash continuous in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		_ 42
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.	28a	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Į	
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	_~		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	complete Schedule L, Part II	26		<u>X</u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			37
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
00	Schedule L, Part I	25b		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05.		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
C	3			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25a	24a		_X_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.5
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	_X_	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1.0
			Yes	No

THE PLUMB. & PIPEFITTING IND. LOCAL 777

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to Enter the number reported in Box 3 of Form 1096 Enter 0-if not applicable Enter the number of Forms W26 included in line 1a. Enter 0-if not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize winners? 2 Enter the number of imployees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If a lif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3b Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a If 1'Yes, "in last filed a Form 990 Tro this year?" 1'No, "to line Approvide an explanation on Schodule O 3b If Yes, "enter the name of the foreign country [by Dot 100 or more during the year? 4c If Yes, "in line 1 and a rereging country [by Dot 100 or more during the year? 5b Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charatable contributions? 5c If Yes, "to line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c Dot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charatable contributions? 5c If Yes, "did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductable? 5c Did the organization selection problems of the organization feeders of the problems of the support of the visit of the propartization selection of the visit of the propartization of the p		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W26 included in line 1a. Enter - 0' in not applicable of Def the organization comply with backup withholding rules for reportable paymens to vendors and reportable garming dambling winning is to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed to the calendar year ending with or within the year covered by this return. 5 If a last one is reported on line 2a, of the organization file all required feeling employment tax returns? 5 Wote. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 5 If If Ves 1, and it filed a form 950 of the taysor? If 'Na', to fair aby, provide an explanation in Schedule O. 5 If If Ves 2, and it filed a form 950 of the taysor? If 'Na', to fair aby, provide an explanation in Schedule O. 5 If If Ves 3, and it filed a form 950 of the taysor? If 'Na', to fair aby, provide an explanation in Schedule O. 5 If Was 3, and the organization have an interest in, or a signature or other authority over, a financial account in a torsign country (such as a shark account, secretives account, or other financial accounts? 5 If Was 1, and the organization in the organization have an interest in, or a signature or other authority over, a financial account in a torsign country (such as a shark account, secretives account, or other financial accounts? 5 If Was 1, and the organization and the organization have an interest in or a signature or other authority over, a financial country of the organization and the organization file form 8886.72 5 If Was 1 If the said of the organization file form 8886.72 5 If Was 1 If the said of the organization file form 8886.72 5 If Was 1 If the said of the organization file form 8886.72 5 If Was 1 If the said of the organization file form 8886.72 5 If Was 2, and the organization include with every solicitation an express statement that such contributions or grits are organized to the organization file form 8886.73 5 If Was			l . I		Yes	No
c Det the organization compty with backup withholding rules for reportable payments to vendors and reportable garming (gamting) without paying a gramming with or within the year covered by the activation of the calendar year ending with or within the year covered by the requirement tax returns? 2a Interest the number of employees reported on Form W.3, Transmittal of Wago and Tax Statements. b If at least one is reported on the 28, did the organization and are required federal employment tax returns? Note. If the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the file of the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Interest in the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Interest in the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Interest in the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Interest in the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Interest in the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Interest in the sum of Innes 200 (see instructions) 3d Interest in the sum of Innes 200 (see instructions) 3d Interest in the sum of Innes 200 (see instructions) 3d Interest than 250, you may be required to e-file (see instructions) 3d Innes 200 (see instructions) 3d Interest in the sum of Innes 200 (see instructions) 3d Innes 200 (see instru		•••				
a Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, idid the organization like all required feathers are the field for the calendar year ending with or within the year covered by this return Note. If It was more than 3 and 2 as greater than 250, you may be required to e- field (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Larry 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)? 5b If "Yes," either the name of the foreign country See instructions for filing requirements for Form TD F90.22 1, Report of Foreign Bank and Financial accounts? 5a Was the organization and profit or the year? as bank account, securities account, or other financial accounts? 5c Was the organization profity the organization file from 886817. 5d If "Yes," lide the organization file from 886817 from 886818 from 886818 from 886817 from 886818 fro				1		
2a Earlet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year and may with or within the year covered by this return b If at least one is recorded on line 2a, did the organization file all required fuderal employment tax returns? 3a Did the organization have unreliated business gross sincerif of \$1,000 or more during the year? 5a Did the organization have unreliated business gross sincerif of \$1,000 or more during the year? 5a At any time a form 990-Tro this year? If No. 1st line 3b, provide an explanation in Northernativity over, a financial account in a foreign country. 5a Was the organization are arrived year, did the organization have an inferest in, or a singulative or other authority over, a financial account in a foreign country. 5b If Yes, 1 enter the name of the foreign country. 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization and party to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes, 1 to line 5a or 5b, did the organization file form 8886 I? 6c Does the organization are arrulal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or 3b, did the organization file Form 8886 I? 6c Does the organization real variation include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a geyment in excess \$15\tilde{s}\$ indicates the number of forms 8282 filed during the year. 6 Did the organization received a portification of the value of the goods or services provided? 7 Did the organization received a contribution of qualified material property for which it was required? 7 The organization received any fundation diselectual property of which it was required? 7 The organization received a contribution of cares, boats, anplanes, or other vendes, or of the supporting organization file a form	С		eportable gaming		37	
their for the calendary year ending with or within the year covered by this return 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٥-			1C	_ <u>X</u> _	
b If at least one is reported on line 2a, ad 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) 3a Did the organization have unrelated observes gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a form 990.1 for this year? If No.1 to line 3b, provide an explanation in Schedule O 3b At any time during the calendary year, did not organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securches account, or other financial Accounts 5c If Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction any contributions or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction or orgits were not tax deductible as charitable contributions? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Obd the organization receive a pryment in excess of 375 made party as a curit bulino and party for goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes," indicate the number of Forms 8282 field during the year? 9d If Yes," indicates the number of Forms 8282 field during the year? 9d If Yes," indicates the number of Forms 8282 field during the year? 9d If Yes, "Indicates the number of Forms 8282 field during th	2a		_			
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3a	a			26	-	_ <u>^</u>
b If "Yes," has it flied a Form 990-T for the year" if "No." it to her 8b, provide an explication in Schedule O 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)? 4	٥-		3)			
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)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 8 Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 5 Debt any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 6 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to did the organization nave 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(b). 8 Did the organization receive a payment in excess of \$75 made party as contribution and party for goods and servicing provided to the payor? 7 The "Yes," did the organization notify the donor of the value of the genods or services provided? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 The property of the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining do				_	-	_ <u> </u>
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b if "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 80-22 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? 5b Dd any taxable party notify the organization file Form 8888-17 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Does the organization native with the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bif Yes," did the organization notity the done of the value of the goods or services provided? 9d bif Yes," did the organization notity the done of the value of the goods or services provided? 10 bif 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 Tb D C Dot the organization notity the done of the value of the goods or services provided? 10 bif Yes," did the organization notity the done of the value of the goods or services provided? 11 Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 bif the organization received a contribution of qualified inflictious property, did the organization file Form 1096 C? 13 Spensioning organization received a contribution of qualified inflictious property, did the organization file Form 1096 C? 14 bif the organization received a contribution of qualified inflictious property, did the organization file a Form 1096 C? 15 Spensioning organizations maintaining doore advised funds as described 100 the organization file Form 1096 C? 15 Spensioning organizations maintaining doore advised funds. 16 Diff the organization maintaining doore	4a					
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions on devisor, or related person? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization feel and to additional formations included on Part VIII, line 12 10 Did Todal Part Index In				-		
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b f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С	Enter the amount of reserves on hand	13c	$\sqcup \sqcup$		
	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			

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06-1390416 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI				X				
<u>S</u> ec	tion A. Governing Body and Management								
		1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year		7		}				
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 1								
2	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		X				
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		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5		X				
6	Did the organization have members or stockholders?		6	_X_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have been applying the organization of the organization have been applying the organization of the organization have been applying the organization of the o	point one or							
	more members of the governing body?		7a	_X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or							
	persons other than the governing body?		7b_	_X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:							
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	_X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	hed at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	_	_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				х				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe							
	ın Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		X_				
14	Did the organization have a written document retention and destruction policy?		14		<u>X</u>				
15	Did the process for determining compensation of the following persons include a review and approval	by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a		<u> X</u>				
b	Other officers or key employees of the organization		15b		<u>X</u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's		j					
	exempt status with respect to such arrangements?		16b						
Sec.	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE	(0							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie					
	for public inspection. Indicate how you made these available. Check all that apply	- 0-hd-10\							
	Own website Another's website X Upon request Other (explain ii								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	itlict of interest policy, ar	id finan	cial					
	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	d records of the organiza	ition 🕨	·					
	MICHAEL ROSARIO - 203-317-4750								
	1250 EAST MAIN ST, MERIDEN, CT 06450			000					
332006	10-29-13		Form	990	(2013)				

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06-1390416

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organiza (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	١		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto					ļ	the .	organizations	compensation
	hours for	0 or d	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	trustee or director	nstitutional trustee		99/	mpen		(***2/1099-101130)	i	and related
	below	dua!	ntona		Key employee	stco	- E			organizations
	line)	Individual	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) GERALD FUCCI	40.00									
BUSINESS AGENT		X						95,366.	0.	82,261
(2) MICHAEL ROSARIO	40.00									
BUS, MANAGER/FINANCIAL SCTY		X						98,587.	0.	81,944
(3) JOHN HIGGINS JR	40.00			Ĩ						
BUSINESS AGENT		X						97,127.	0.	82,485
(4) PETER ALFIERI	40.00									
BUSINESS AGENT		X						97,415.	0.	82,504
(5) CHRIS ST. GEORGE	10.00									_
EXECUTIVE BOARD		X						0.	0.	0
(6) V. THOMAS HUGHES	10.00								_	_
EXAMINING BOARD		X					_	0.	0.	0
(7) FRANK DACATO	10.00							_	_	
EXAMINING BOARD		X						0.	0.	0
(8) VINNIE VALENTE	10.00									
EXAMINING BOARD		Х						0.	0.	0
(9) PAUL VENTI	10.00				i				•	
EXECUTIVE BOARD		X				_		0.	0.	0
(10) TOM O'NEIL	10.00								•	_
EXECUTIVE BOARD		X				<u> </u>		0.	0.	0
(11) CAROLYN BEAMER	10.00								0	
EXECUTIVE BOARD		X						0.	0.	0
(12) PETER SULLIVAN	10.00							1	0	0
FINANCE BOARD	10.00	X						0.	0.	0
(13) MICHAEL LARSON	10.00	7.						o.[0.	^
FINANCE BOARD	10 00	X				-				0
(14) MICHAEL LAUDANO	10.00	٠,						0.	0.	0
FINANCE BOARD	10 00	X		-						0
(15) ANTHONY CAMILLUCCI	10.00	1		х				0.	0.	0
VICE-PRESIDENT	10.00	-	\vdash	Λ	_		_			<u>_</u>
(16) TODD BERCH	10.00	}		v					0.	0
RECORDING SECRETARY	10 00			X		-		0.	<u>U•</u>	0
(17) GLENN CHESTER	10.00			x				24,102.	0.	34,337
PRESIDENT 332007 10-29-13		L		Δ				44,104,	U•	Form 990 (2013

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(A) Name and title Average hours per week (list any hours for related organizations below line) (18) HUBERT BARNES PRIOR BUS, MANAGER (B) Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organizations below line) X (B) Average hours per week (list any hours for related organizations below line) X (A) Average hours per week (list any hours for related organizations below line) X (A) (B) Reportable compensation from the organization (W 2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC)	(F) Estimate amount of other compensation from the organization and relate organization	of tion e ion ed ons
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(18) HUBERT BARNES 40.00	53,3	22.
PRIOR BUS, MANAGER X 82,107. 0.	53,3	<u>22.</u>
1b Sub-total ► 494,704. 0.	416,85	53.
c Total from continuation sheets to Part VII, Section A		0.
d Total (add lines 1b and 1c)	416,85	<u>53.</u>
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable		_
compensation from the organization	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	162	NO
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	зХ	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	<u> </u>	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
rendered to the organization? If "Yes," complete Schedule J for such person	5	X
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated independent contractors that received more than \$100,000 of compensated independent contractors.	ition from	
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B)	(C)	
	ompensation	n
110112		
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 0		
	orm 990 (2	(013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code Program Service Revenue 2 a MEMBERSHIP DUES & ASSESSMENTS 900099 4,076,807 4.076.807 f All other program service revenue g Total. Add lines 2a-2f 4 076 807 Investment income (including dividends, interest, and other similar amounts) 40,416. 40,416 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 919,514 b Less cost or other basis and sales expenses 382,970 c Gain or (loss) -463,456 d Net gain or (loss) -463 456. -463,456 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 2,339 b Less cost of goods sold 3,868. <u>-1.529</u> c Net income or (loss) from sales of inventory -1 529 Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue See instructions 12 3,652,238 3.613.351 38.887

332009 10-29-13 Form 990 (2013)

THE PLUMB.& PIPEFITTING IND. LOCAL 777

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII	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				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	495,320.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	105.005			
7	Other salaries and wages	186,036.			
8	Pension plan accruals and contributions (include	440			
_	section 401(k) and 403(b) employer contributions)	413,515.			
9	Other employee benefits	26,771.			
)	Payroll taxes	54,508.	**		
1	Fees for services (non-employees)				
a	Management	24 200			
b	Legal	24,300.			
C	Accounting	13,798. 54,032.			
d	Lobbying Professional fundrations convices See Part IV line 17	54,032.		-	
e f	Professional fundraising services See Part IV, line 17 Investment management fees	312.			<u></u>
g	Other (If line 11g amount exceeds 10% of line 25,	314.			
y	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	91,240.			
4	Information technology	31/2101			
5	Royalties				
6	Occupancy	68,756.			
7	Travel	53,150.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	50,008.			
)	Interest				
1	Payments to affiliates	1,601.			
2	Depreciation, depletion, and amortization	22,593.			
}	Insurance	8,291.			
ļ	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 0)				
а	INDUSTRY ADVANCEMENT	2,356,601.			
b	DUES-PER CAPITA - UNITE	633,204.			
С	PER-CAPITA - OTHER	74,441.			
ď	FLOWERS, GIFTS, MEMORIAL	6,745.			
е	All other expenses	5,074.			
<u> </u>	Total functional expenses Add lines 1 through 24e	4,640,296.			
3	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)				

332010 10-29-13

THE PLUMB.& PIPEFITTING IND. LOCAL 777

Form 990 (2013)
Part X Balance Sheet

06-1390416 Page 11

га	<u> </u>	Daidlice Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		577,300.	1	766,284.
	2	Savings and temporary cash investments	236,155.	2	214,974.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations			[[
		Part II of Schedule L	, ,		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	·			
ध		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	·		7	
ğ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 906,748.	`	*	
	b	Less accumulated depreciation	10b 516,527.	404,605.	10c	390,221.
	11	Investments publicly traded securities			11	
	12	Investments other securities See Part IV, line	1	1,380,615.	12	292,360.
	13	Investments - program-related See Part IV, line	The state of the s		13	
	14	Intangible assets		-	14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets Add lines 1 through 15 (must equ	al line 34)	2,598,675.	16	1,663,839.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	The state of the s			
Liabilities	(key employees, highest compensated employee	es, and disqualified persons		. (
abi		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17 24) Complete Part X of			
		Schedule D		61,625.	25	0.
	26	Total liabilities. Add lines 17 through 25		61,625.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
S		complete lines 27 through 29, and lines 33 an	d 34.			
č	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
g p	29	Permanently restricted net assets		29		
5		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🗴		ĺ	
ō		and complete lines 30 through 34				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
\SS	31	Paid in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	2,537,050.	32	<u> 1,663,839.</u>
- j	00	Total not consts or fund holonoos		2,537,050.	33	1,663,839.
	33	Total net assets or fund balances	<u>L</u>	2,598,675.		1,663,839.

Do	d VI Describer of the form of the first of t		1070-	<u> </u>	- ac	y e 12
Га	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>652</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	640	, 2	<u>96.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	<u>537</u>	0,1	<u>50.</u>
5	Net unrealized gains (losses) on investments	5		415	7	18.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		300	8,1	71.
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	1,	663	_, 8	39.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				_	\mathbf{X}
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both				ļ	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		ļ	
	consolidated basis, or both				ļ	
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt			ļ	1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C)		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii					
	Act and OMB Circular A 133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm §	990 ((2013)

332012 10-29-13

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

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

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

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

	ED ASSOCIOF JOURNEYME			oyer identification number
THE I	PLUMB.& PIPEFITTING I	ND. LOCA	և 777	<u>06-1390416</u>
Part I-A Complete if the	organization is exempt under	section 501(c	c) or is a section 527 o	rganization.
 Provide a description of the or Political expenditures Volunteer hours 	ganization's direct and indirect political c	ampaign activitie	s in Part IV	
Part I-B Complete if the	organization is exempt under	section 501(c	 ;)(3).	
1 Enter the amount of any excis-	e tax incurred by the organization under s	section 4955	▶\$	
2 Enter the amount of any excis-	e tax incurred by organization managers i	under section 49	5 5 ▶ \$	
3 If the organization incurred a s	ection 4955 tax, did it file Form 4720 for	this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV			504/	1/01
Part I-C Complete if the	organization is exempt under	section 501(d		
· ·	ended by the filing organization for section			
-	organization's funds contributed to other	organizations for		
exempt function activities		= 4400.00	▶ \$	
	tures Add lines 1 and 2 Enter here and	on Form 1120-PC	_	
line 17b 4 Did the filing organization file F			▶\$	Yes No
5 Enter the names, addresses a made payments For each org contributions received that we	nd employer identification number (EIN) of anization listed, enter the amount paid fro tre promptly and directly delivered to a se C) If additional space is needed, provide	om the filing orgai parate political o	nization's funds Also enter th rganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
NEWTOWN DEMOCRATION COMMITTEE	NEWTOWN, CT		150.	
MERIDEN DEMOCRATION TOWN COMMITTEE			2,000.	0.
SOUTHINGTON				
DEMOCRATIC TOWN CO	MM SOUTHINGTON, CT		1,500.	0.
DREW 2013 FOR MAYO	OR MIDDLETOWN, CT		1,500.	0.
FRIENDS OF MAYOR				
RHODE			3,000.	0.
COMMITTEE TO	TO MODELL HALVEN CE		FOO	_
RE-ELECT MIKE FRIE	EDA NORTH HAVEN, CT		500.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041 11-08-13 SEE PART IV FOR CONTINUATION

Schedule C-(Form 990 or 990-EZ) 2013 TF Part II-A Complete if the organ	ization is exe	PIPEFITTII mpt under section	NG IND. LOCAI on 501(c)(3) and file	77706- ed Form 5768	1390416 Page 2
(election under section					
	-	· · ·	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share o	f excess lobbying	expenditures)			
B Check ▶ if the filing organization	checked box A a	nd "limited control" p	rovisions apply		
Limits o (The term "expenditu	n Lobbying Expe res" means amoi		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion i	(grass roots lobbying)			-
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	-	, , ,	Ī		
d Other exempt purpose expenditures	,				
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)			
f Lobbying nontaxable amount Enter th		•	oth columns		
if the amount on line 1e, column (a) or (b		bying nontaxable an			
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exc			
Over \$17,000,000	\$1,000,				
<u> </u>	φ <u>1,000</u> ,				
g Grassroots nontaxable amount (enter	25% of line 1f)				· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a If zero or			ļ .		
Subtract line 1f from line 1c. If zero or	•				
If there is an amount other than zero of	•	line 11 did the organi	zation file Form 4720		
reporting section 4911 tax for this yea		ilite 11, ulu trie organi.	2411011 1116 1 01111 47 20		Yes No
(Some organization	4-Year Ave		r Section 501(h) on do not have to comp es 2a through 2f on pag		
	Lobbying Expe	ndıtures Durıng 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		-			
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f. Crossroots Johnwas avanditures		•			

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 THE PLUMB. & PIPEFITTING IND. LOCAL 777 06-1390416 Page 3

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

(election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(i	b)
of the lobbying activity	Yes	No	Amo	ount
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				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	1)?			
c Media advertisements?				
d Mailings to members, legislators, or the public?			_	
e Publications, or published or broadcast statements?	<u> </u>			
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?			_	
Other activities?				
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 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 			_	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)	(5), or se	ction	
501(c)(6).		(0), 0. 00		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		_1_		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	_	<u> </u>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year	ar?	(5)		
Part III-B Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes."	wered "No," Of	R (b) Pari	t III-A, lir	ne 3, is
1 Dues, assessments and similar amounts from members		1_		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	of political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of		3_	_	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ng and political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information		<u> </u>	- 1 D - 4 U D	
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	a group list), Paπ II	A, iine ∠, a	na Part II-B	s, line i
Also, complete this part for any additional information				
PART I-C CONTINUATION:			 	
DANBURY TOWN DEM COMMITTEE				
DANDIDY CM				
DANBURY, CT				
COL (D) AMOUNT: 100. COL (E) AMOUNT: 0.				 -
DE BLECK DILL BINCU				
RE-ELECT BILL FINCH				

332043 11-08-13

Schedule C (Form 990 or 990-EZ) 2013 THE PLUMB. PIPEFITTING IND. I Part IV Supplemental Information (continued)	LOCAL 777 06-1390416 Page 4
BRIDGEPORT, CT	
COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.	
FERNANDEZ FOR MAYOR	
NEW HAVEN, CT	
COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.	
NORWALKS FUTURE NOW	
NORWALK, CT	
COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.	
HARKINS FOR MAYOR	
STRATFORD, CT	
COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.	
JOHN PICARD FOR MAYOR WEST HAVEN	
WEST HAVEN, CT	
COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.	
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	
PO BOX 96047 WASHINGTON, CT 20090	
COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.	
PORTLAND DEM TOWN COMMITTEE	
PORTLAND , CT	
COL (D) AMOUNT: 375. COL (E) AMOUNT: 0.	
O'BRIEN FOR NEW BRITAIN	
332044 11-08-13	Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 THE PLUMB. PIPEFITTING IND. LOCAL 777 06-1390416 Page 4 Part IV | Supplemental Information (continued) NEW BRITAIN, CT COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0. STACEY FOR MAYOR EAST HAVEN, CT COL (D) AMOUNT: 800. COL (E) AMOUNT: 0. ANTHONY FOR MAYOR COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0. ZANDRI FOR MAYOR WALLINGFORD, CT COL (D) AMOUNT: 800. COL (E) AMOUNT: 0. WORKING FAMILIES PARTY 30 ARBOR STREET HARTFORD, CT COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0. NORWICH FOR DEB NORWICH, CT COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0. NILES FOR MAYOR COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TONI HARP 2013

Schedule C (Form 990 or 990-EZ) 2013

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF Schedule C (Form 990 or 990 EZ) 2013 THE PLUMB. PIPEFITTING IND. LOCAL 777 06-1390416 Page 4 Part IV | Supplemental Information (continued) NEW HAVEN, CT 1500. COL (E) AMOUNT: 0. COL (D) AMOUNT:

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF THE PLUMB. PIPEFITTING IND. LOCAL 777

Employer identification number 06-1390416

Pa	rt I Organizations Maintaining Donor Advisor	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor	• •	-
	impermissible private benefit?	or derior devices, ex set any exist perpendicular	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
ŭ	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
Ū	year ▶	occord, changaioner, or terminate by the	#. g
4	Number of states where property subject to conservation ea	esement is located >	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	rion easements in its revenue and expense	statement, and balance sheet, and
Ū	include, if applicable, the text of the footnote to the organiza		
	conservation easements		3
Pai	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	
	(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, historical tre	easures, or other similar assets for financial	
_	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990, Part VIII, line 1	, , · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		▶ \$
~			· ·

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

Schedule D (Form 990) 2013

		MB.& PIPEF								Page 2
	t III Organizations Maintaining (
3	'Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following that	at are a s	significant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c			change progra					
þ	Scholarly research	е	. []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how tl	hey further t	he organizati	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	isures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	ns or other as	sets no	t included	_	_	
	on Form 990, Part X?							L.	_ Yes	L No
p	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
	Did the organization include an amount on F								_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete								T	
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	<u>/ears_back_</u>
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses								 	
ď	Grants or scholarships		<u>-</u>						 	
е	Other expenditures for facilities								ļ	
	and programs									
f	Administrative expenses								 	
g	End of year balance				<u> </u>				L	
2	Provide the estimated percentage of the cur			g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	•					,			
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	ind administe	red for t	ne organi	zation	F.	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations		0-5	-ll- D0					3a(iı)	
	If "Yes" to 3a(ii), are the related organizations	·							3b	
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas						
Fai			Doet IV	/ line 11e C	00 Form 000	Dart V	lino 10			
	Complete if the organization answere						_	nd	(d) Post:	volus
	Description of property	(a) Cost or o		\·-,	or other (other)		ccumulate preciation		(d) Book	value
		basis (investr	nent)				prociation		1 5 2	202
	Land				2,292.		267 0	30		,292. ,767.
b	Buildings			42	7,805.		<u> 267,0</u>	20.	T00	, 101.
C	Leasehold improvements									
d	Equipment			3 7	6,651.		249,4	89	77	,162.
	Other Add lines 1a through 1e (Column (d) must e	agual Form 000 Do-t	Y colum				<u>u = J , =</u>			,221.
TOTAL	, nuu iiites ta uituuqit te to <i>oluttiit ju) thust</i> e	quari viiii 330, Edil	A, CUIUII	<i>(0), iii (</i> 5 1	V10//				<u> </u>	<u>, </u>

Schedule D (Form 990) 2013 THE PLUMB . &	PIPEFITTING	IND. LOCAL 777	06-1390416 Page 3
Part VII Investments - Other Securities.			
 Complete if the organization answered "Yes" t 			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) STOCKS/BONDS	239,160.	END-OF-YEAR MARK	KET VALUE
(B) PUBLICLY TRADED			
(C) PARTNERSHIP	53,200.	END-OF-YEAR MARK	KET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	292,360.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t		1d See Form 990, Part X, line 15	#A Dealiseates
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15)		
	- F 000 D+ W l 1	1 116 C Farm 000 Bart V Iva	o 05
Complete if the organization answered "Yes" t		b) Book value	e 25
1. (a) Description of liability		b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

▶

Schedule D (Form 990) 2013

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

Par				
	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	
•	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	')	5	
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expense	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, Iir		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c	-	
_	Other (Describe in Part XIII)	2d		
	,		30	
_	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b	 	
	Add lines 4a and 4b		_4c [
	T-4-1 000 D-41 lines 0 1 - This investigation of Common 000 D-41 lines 1	0.1		
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a, and 1.		V. line 4. Part X. line 2. Part XI	I.
Par Provid		4, Part IV, lines 1b and 2b, Part		I,
Par ⊃rovid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		l,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		Ι,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		Ι,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		Ι,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		Ι,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		I,
Par ⊃rovid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		I,
Par ⊃rovid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		Ι,
Par Provid	t XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www irs gov/form990

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

THE PLUMB.& PIPEFITTING IND. LOCAL 777

0

Employer identification number 06-1390416

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х a Receive a severance payment or change-of-control payment? Х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2013

06-1390416 THE PLUMB. & PIPEFITTING IND. LOCAL 777

Schedule J (Form 990) 2013

Page 2

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

Note. The sum of columns (B)(i)-(iii) 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a) (i)(a)	reported as deferred In prior Form 990
(1) GERALD FUCCI	ε	95,366.	0	0.	60,167.	22,094.	177.627.	0
BUSINESS AGENT	(ii)	0	0	0	4	4		
(2) MICHAEL ROSARIO	(1)	98,587.	0	0.	60,586.	21,358.	180,53	0
BUS, MANAGER/FINANCIAL SCTY	Ξ	0	0	0	0		0	0
(3) JOHN HIGGINS JR	Ξ	97,127.	0.	0	60,331.	22,154.	179,61	0
BUSINESS AGENT	Ξ	0	0	0	0			0
(4) PETER ALFIERI	Ξ	97,415.	0.	0	60,345.	22,159.	179,91	0
BUSINESS AGENT	(11)	0.	0	0	0	0		0
(5) HUBERT BARNES	Ξ	82,107.		0			135,42	0
PRIOR BUS. MANAGER	(II)	0.	0	0	0	0	4	0
	Ξ							
	(3)							
	(i)							
	Ξ							
	Ξ			i				
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	<u>(ii</u>							
	Ξ							
	<u>(E)</u>							:
	Ξ							
	3							
	Ξ							
	(ii)							

332112 09-13-13

Schedule J (Form 990) 2013

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF THE PLUMB.& PIPEFITTING IND. LOCAL 777 Part III | Supplemental Information Schedule J (Form 990) 2013

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

Page 3

06-1390416

Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

THE PLUMB.& PIPEFITTING IND. LOCAL 777

Employer identification number 06-1390416

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STANDARDS, AND BETTERMENT OF WORKING CONDITIONS.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION HAS MEMBERS.
FORM 000 PART VIT GROWTON A TIME TO
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE GOVERNING BODY IS VOTED IN BY THE MEMBERS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: MOST DECISIONS MADE BY THE GOVERNING BODY ARE APPROVED BY THE
GENERAL MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION DOES NOT CURRENTLY MAKE GOVERNING DOCUMENTS
OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XII, LINE 2C:
EXPLANATION: THE ORGANIZATION HAS REQUESTED AN AUDIT FOR THE YEAR. IN
PRIOR YEARS A COMPILATION WAS ISSUED.

Bass For Beginning Current Vear Accumulated Sec 179 Deduction Depreciation Expense Sec 179 Deduction Depreciation Expense Sec 179 Deduction 153,879. 112,355. 4,885. 2,734. 2,708. 6,913. 112,355. 4,885. 75,913. 112,355. 4,188. 4,184. 2,442. 1,746. 1,055.	ion, GO Zone
Beginning Accumulated Depreciation 24,985. 112,355. 2,708. 73,922. 31,134. 4,188. 4,188. 753. 73,922. 1,055. 1,055. 1,684. 2,032. 2,032. 2,109. 871.	*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	nercial Revita
asis For reciation 62,465. 62,465. 2,734. 2,734. 413. 753. 753. 1,055. 1,684. 2,032. 2,109.	Bonus, Comn
20 D B C C C C C C C C C C C C C C C C C C	ITC, Salvage,
Reduction In Basis	*
Section 179 Expense	
Bus % Excl	pesoc
Unadjusted Cost Or Basis 62, 465. 153, 879. 2, 734. 76, 913. 76, 913. 14, 390. 493, 004. 493, 004. 1, 055. 1, 055. 2, 032. 2, 032. 2, 109.	(D) - Asset disposed
No.C.	1
Lufe 115.00 115.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	
Method SI S	
Date N. Acquired N. O3/06/07 8 03/06/07 8 05/11/00 8 05/11/00 8 05/11/00 8 05/11/00 8 05/11/00 8 06/21/00 8 06	
Description BUILDINGS SPLIT SYSTEM INSTALLATION (NEW HVAC UNITS) BUILDING L.620 873 POQUONNOCK, RD BUILDING 1250 EAST MAIN - MERIDEN HOLDING 1250 EAST MAIN - MERIDEN ROOF REPLACEMENT - 1250 E MAIN - MERIDEN * 990 PAGE 10 TOTAL BUILDINGS * 990 PAGE 10 TOTAL BUILDINGS TELEPHONES FURNITURE & FIXTURES OFFICE FURNITURE - MERIDEN	
BUILDINGS SPLIT SYSTEM INSTALL. (NEW HVAC UNITS) BUILDING L.620 873 4 POQUONNOCK, RD 5 BUILDING IMPROV'S L. THERPHONES 6 OFFICE FURNITURE - MERIDEN 7 TELEPHONES 8 REFRIDGERATOR 9 SIGN LITE - MERIDEN 10 CANON FAX - MERIDEN 11 OFFICE FURNITURE - M 12 OFFICE FURNITURE - M 13 OFFICE FURNITURE - M	
Asset	328111 05-01-13

٠	Ending Accumulated Depreciation	669	2,401.	805.	878.	791.	1,717.	1,233.	24,696.	6,823.	653.	1,723.	1,641.	1,105.	58,003.		27,883.	36,551.	33 663	
	Current Year E Deduction Acc	.0	0		0	- 0		0	2,578.	0			86	135.	2,811.		0		- C	
							· · · · · · · · · · · · · · · · · · ·													
	Current Sec 179 Expense																			
	Beginning Accumulated Depreciation	•669	2,401.	805.	878.	791.	1,717.	1,233.	22,118.	6,823.	653.	1,723.	1,543.	970.	55,192.		27,883.	36,551.	33.663.	
	Basis For Depreciation	. 669	2,401.	805.	878.	791.	1,717.	1,233.	29,531.	6,823.	653.	1,724.	1,641.	1,173.	62,907.		27,884.	36,551.	33.664.	1: 1 7 2 2
	Reduction In Basis				•					_				1,172.	1,172.					
	Section 179 Expense																			1
066	Bus % Excl																			
	Unadjusted Cost Or Basis	•669	2,401.	805.	878.	791.	1,717.	1,233.	29,531.	6,823.	653.	1,724.	1,641.	2,345.	64,079.		27,884.	36,551.	33,664.	
	O o c >	16	16	16	16	16	16	16	MQ17	16	16	16	16	HY17			16	16	16	
	Lıfe	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	5.00			5.00	5.00	5,00	
•	Method	SL	SL	SL	$_{ m SL}$	SL	SL	SL	200DB	SL	SL	SL	SL	200DB			SL	SL	SL	
	Date Acquired	07/24/00	07/24/00	06/21/00	06/21/00	06/21/00	01/15/01	04/29/01	12/31/08	09/20/04	09/13/05	02/22/06	07/18/06	05/15/09			08/31/06	08/31/06	08/31/06	
	U.	- MERIDEN	- MERIDEN	- MERIDEN	- MERIDEN	- MERIDEN	GROTON	ION	ITURE	OFFICE FURN - MERIDEN		- WORKSTATION MERIDEN	- MERIDEN		FAL JRES	SUIPMENT PADO		rion	BLAZER	
	Description	NITURE	FURNITURE	FURNITURE	FURNITURE	NITURE	1	- WORKSTATION	LL FURD	CE FURD	RS	RKSTATI	FURNITURE	MITURE	PAGE 10 TOTAL URE & FIXTURE	TION EQUIP		EXPEDITION	TRAILI	
PAGE 10		OFFICE FURNITURE	OFFICE FUR	OFFICE FUR	OFFICE FUR	19 OFFICE FURNITURE	20 KONICA COPIER	SALKA - WO	MEETING HALL FURNITURE	SALKA OFFI	2 HON CHAIRS	SALKA - WO	OFFICE FUR	OFFICE FURNITURE	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES	TRANSPORTATION EQUIPMENT 2006 CHEVY SILVERADO	(ARTALE)	2006 FORD (BARNES)	2006 CHEVY TRAILBLAZER (CASSIDY)	
FORM 990	Asset	15 0	16 0)	17 0	18	19 0	20 K	26 81	27 M	30 87	32 2	33 87	35 0	43 0)	* E	Ei C	36 (7	37 (1	38 (0	

•	Ending Accumulated Depreciation	33,663.	36,812.	37,267.	205,839.			0		3,493.	756.	136.	1,096.	2,173.	839.	.069	699	410.	on, GO Zone
	Current Year Deduction	0	Ö	0	0		• c			0	10.	2	0	.0	0	84.	93.	57.	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense																		ercial Revital
	Beginning Accumulated Depreciation	33,663.	36,812.	37,267.	205,839.			.0		3,493.	746.	134.	1,096.	2,173.	839.	.909	576.	353.	3onus, Comm
į	Basis For Depreciation	33,664.	36,813.	37,267.	205,843.	600 62	75 000	152,292.		3,493.	756.	136.	1,096.	2,173.	839.	732.	808	496.	TC, Salvage, E
-	Reduction In Basis										756.	136.				732.	808.	497.	*
1	Section 179 Expense								-			. –			. <u>.</u>				
066	Bus % Excl											<u> </u>				·			pasoc
	Unadjusted Cost Or Basis	33,664.	36,813.	37,267.	205,843.	200 77	75 000	152,292.		3,493.	1,512.	272.	1,096.	2,173.	839.	1,464.	1,618.	993.	(D) - Asset disposed
	No	16	16	16						16	MQ17	MQ17	HY17	16	16	HX17	HY1.7	HY17	_
}	.gs	00	00				31 50			00				00				00.	
-	d Life	5.00	5.00	5.00			- E			5.00	B 5.00	B 5.00	B 5.00	5.00	5.00	B 5.00	B 5.00	171	
	Method	SL	SL	SL		ئر				SL	200DB	200DB	200DB	$_{ m SI}$	$S\Gamma$	200DB	200DB	200DB	
	Date Acquired	08/31/06	08/31/06	08/31/06		09/10/70	05/17/00			12/01/07	03/04/08	03/02/08	06/28/02	05/04/05	12/28/05	60/60/80	08/27/10	08/24/10	
FORM 990 PAGE 10	Description	2006 CHEVY TRAILBLAZER (FUCCI)	2006 CHEVY TAHOE (LEWITZ)	2006 CHRYSLER 300 (ROSARIO)	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT	LAND LAND L.620 873 POQUONNNOCK	LAND 1250 EAST MAIN ST -	* 990 PAGE 10 TOTAL LAND	ОТНЕК	DELL POWEREDGE	LATITUDE D830 NOTEBOOK COMPUTER	ACER MONITOR	COMPUTER EQUIP	2 HP 2430 PRINTERS	1 DELL DIMENSION 3000	DELL LAPTOP	HP NOTEBOOK PC	45 YOSTRO 230ST DESKTOP	
FORM 990	Asset	39 (40	41 2	- <u>F</u>	<u>1</u> 1 8				2	24 0	25 A	28	31 2	34	42 [44 H	45	328111 05-01-13

	Ending Accumulated Depreciation	635.	431.		742.	900.	12,970.	543,850.	
	Current Year Deduction	888	.09	0	742.	.006	2,036.	22,593.	
	Current Sec 179 Expense								
	Beginning Accumulated Depreciation	547.	371.				10,934.	521,257.	
	Basis For Depreciation	768.	521.		3,710.	4,500.	20,029.	934,075.	
	Reduction In Basis	769.	521.				4,220.	5,392.	!
	Section 179 Expense			948.			948.	948.	
990	Bus % Excl							-	
	Unadjusted Cost Or Basis	1,537.	1,042.	948.	3,710.	4,500.	25,197.	940,415.	
 -	No E >	HY1.7	HY17	HY17	ну19в	ну19в			
	Life	5.00	5.00	5.00	5.00	5.00			
-	Method	200DB		200DB	2000B	200DB			
	Date Acquired	05/18/10	07/06/10 200DB	12/07/10	03/06/13	11/19/13			
FORM 990 PAGE 10	Description	HP NOTEBOOK PC	DELL VOSTRO 230	DELL VOSTRO - SUE	SOFTWARE AND SERVER UPGRADE	WEBSITE	* 990 PAGE 10 TOTAL OTHER	DEPR	
DRM 95	Asset	46	47	48	49	20			

(D) - Asset disposed

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

Identifying number

	TITED ASSOC.OF JOURNE E PLUMB.& PIPEFITTIN				M 990	PAGE 10		06-1390416
	art Election To Expense Certain Proper				ted property	, complete Par	t V before yo	ou complete Part I
1	Maximum amount (see instructions)	-				·	1	500,000.
2	Total cost of section 179 property place	2						
	Threshold cost of section 179 property	3	2,000,000.					
	Reduction in limitation Subtract line 3 f	4						
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less enter	r -0- If married filing	separately, see	Instructions		5	
6	(a) Description of pro			ed cost				
7	Listed property Enter the amount from	line 29			7			
8	Total elected cost of section 179 proper	rty Add amounts	s in column (c),	lines 6 and	7		8	
	Tentative deduction Enter the smaller	•					9	
10	Carryover of disallowed deduction from	10						
	Business income limitation. Enter the sr	11						
12	Section 179 expense deduction Add lin	nes 9 and 10, but	t do not enter m	nore than lin	ne 11		12	
13	Carryover of disallowed deduction to 20	14 Add lines 9	and 10, less line	12	▶ 13			
	e: Do not use Part II or Part III below for					_		
Pa	Irt II Special Depreciation Allowar	ice and Other D	epreciation (D	o not includ	de listed pro	perty)		
14	Special depreciation allowance for quali	fied property (ot	ner than listed p	property) pla	aced in serv	ice during	1 1	
	the tax year						14	
15	Property subject to section 168(f)(1) elec	15						
16	Other depreciation (including ACRS)						16	17,844.
Pa	irt III MACRS Depreciation (Do not	include listed p	roperty) (See in	structions	<u> </u>			
		·	Sect	ion A				
17	MACRS deductions for assets placed in	service in tax ye	ears beginning	before 2013	3		17	3,107.
18	If you are electing to group any assets placed in servi	ce during the tax year	into one or more ger	neral asset acco	ounts, check her	e <u> </u>		
	Section B - Assets	Placed in Service	e During 2013	Tax Year U	Jsing the G	eneral Depreci	ation Syste	<u>m</u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve- only - see ins	stment use	(d) Recover period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
_ <u>b</u>	5-year property		8	3,210.	5 YRS	<u>. HY</u>	200DB	1,642.
_ <u>c</u>	7-year property							
_ <u>d</u>	10-year property							
_е	15-year property						<u> </u>	
f	20-year property							
_g	25 year property				25 yrs		S/L	
h	Residential rental property	//			27 5 yrs	MM	S/L	
	The side Itial Ferital property	/			27 5 yrs	MM	S/L	
	Nonresidential real property				39 yrs_	MM	S/L	
_'	_ 	/				MM	S/L	
	Section C - Assets PI	aced in Service	During 2013 T	ax Year Us	ing the Alte	ernative Depre		rem
20 a	Class life	1					S/L	
b	12-year				12 yrs		S/L	
_ <u>c</u>	40-year	/	L		40 yrs	MM	S/L	
	rt IV Summary (See instructions)							
	Listed property Enter amount from line						21	
	Total. Add amounts from line 12, lines 1							00 -0-
	Enter here and on the appropriate lines				ions - see in	str	22	22,593.
	For assets shown above and placed in s	_	e current year, e	enter the				
31625	portion of the basis attributable to section				23			
12 12	HA For Paperwork Reduction	Act Notice see	senarate instr	uctions				Form 4562 (2013)

THE PLUMB.& PIPEFITTING IND. LOCAL 777 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

06-1390416 Page 2

	amusement) Note: For any	vehicle for w	hich you are u	ising the	standar	rd mileag	ge rate o	r dedu	cting lease	e expens	e, com	olete on	ly 24a, 2	4b, colui	nns (a)
	through (c) of Section A		on and Other					ınstruc	tions for li	mits for t	oassen c	er auto	mobiles		-
24:	a Do you have evidence to :					$\overline{}$	es [\neg	24b lf "Y					Yes [No
	(a) Type of property (list vehicles first)	(c) Business, investmen use percenta	t	(d) Cost or ther basis	Ba	(e) Basis for depreciation (business/investment		(f) Recovery period	(g)		(h) Depreciation deduction		Ele	(i) Elected section 179	
 25	Special depreciation alle	property placed in service during the tax ye				27 1/02/ 20					C	ost			
20	used more than 50% in			propert	y piaceu	III SEIVI	ce duliii	y ine i	ax year an	u	25				
26	Property used more that			ess use				-				L	-		
==				%											
				%				-						<u> </u>	
				%											
27	Property used 50% or la	ess in a quali	fied business	use		•									
_				%						S/L·					
				%						S/L -					
	<u> </u>	<u> </u>		%						S/L·]	
28	Add amounts in column	(h), lines 25	through 27 E	Enter her	e and or	ı line 21	, page 1				28	<u> </u>			
<u>29</u>	Add amounts in column	(i), line 26_E	nter here and	on line	7, page	1							29		
	mplete this section for ve your employees, first ans		by a sole prop		artner, c	or other	"more th	an 5%	owner," o						s
				(a)	(b)			(c)		(d)		(e)	(1	")
30	Total business/investment	miles driven d	uring the	<u>Vehicle</u>			Vehicle		'ehicle	Veh	Vehicle		V <u>eh</u> icle		ıcle
	year (do not include comr	muting miles)													
31	Total commuting miles of	driven during	the year									_			
32	Total other personal (no driven	ncommuting) miles		<u>, </u>										
33	Total miles driven during Add lines 30 through 32				·			_							
34	4 Was the vehicle available for personal use during off duty hours?			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used pithan 5% owner or relate		more												
36	Is another vehicle availa	•	mal	-	 	<u> </u>	 	+-	 				 		
30	use?	bie ioi perso	ııaı					1							
	swer these questions to oners or related persons		- Questions to	•	-								re not m	nore than	5%
37	Do you maintain a writte employees?	ohibits a	all perso	nal use (of vehicle	es, inc	luding con	nmuting,	by you	r		Yes	No		
38	Do you maintain a writte										our				
	employees? See the ins			•		ficers, c	lirectors	, or 1%	or more	owners					<u> </u>
	Do you treat all use of ve	-													-
40	Do you provide more that		-			informat	tion from	your e	employees	about					
	the use of the vehicles,							_							
41	Do you meet the require		• .												
	Note: If your answer to 3	37, 38, 39, 40), or 41 is "Ye	s," do no	ot comp	ete Sec	tion B to	r the c	overed ve	nicies					
_ P	art VI Amortization			(b)		(c)			(d)		(e)			(f)	
	(a) Description of costs Date				(b) (C) e amortization Amortizab begins amount			zable		0	Amortization period or percentage		Ar fo	nortization r this year	
- <u>-</u>	Amortization of costs the	at begins dui	ring your 201:		ar				section						
		<u> </u>													
43	Amortization of costs that	at began bef	ore your 2013	tax yea	ır							43			
44	Total. Add amounts in c	olumn (f) Se	e_the instruct	ions for	where to	report						44			

316252 12-19-13

Form **4562** (2013)