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EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, Check if applicable C Name of organization D Employer identification number UNITED ASSOCIATION OF JOURNEYMEN AND 210 Address change LOCAL Name change 35-2116536 Doing business as]Initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2901 EAST 83RD PLACE (219)942-7224 termin-ated City or town, state or province, country, and ZIP or foreign postal code 728,283. G Gross receipts \$ Amended return MERRILLVILLE, IN 46410 H(a) Is this a group return Applica F Name and address of principal officer DAVID MISCH JYes LX No for subordinates? 2901 E. 83RD PLACE, MERRILLVILLE 46410 H(b) Are all subordinates included? Yes No 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ PLUMBERSLOCAL210.ORG H(c) Group exemption number ► 0297 X Other ► LABOR L Year of formation: 2000 M State of legal domicile: IN K Form of organization: Corporation Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities. TO COORDINATE LABOR MATTERS AND Governance TO ADMINISTER TO ANY LABOR PROBLEMS OF MEMBERS. Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 <u>5</u> Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ò. Contributions and grants (Part VIII line II) 0 Revenue Program service revenue (Part VIII, line 2g) 599,672. 9 635,787. Investment income (Part VIII, column, (A), lines 3, 3, and 7d) 10 269 242. 92,254. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c/10c, and 11e) 89.715. 11 Total revenue - add lines 8 through 11 (mustlequal Part VIII, column (A), line 12) 689,656 728,283. 12 Grants and similar amounts paid (Part IX; column A), lines 1-3) 2,500. 4,075. 13 Benefits paid to or for members (Part IX, Column A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 460,701. 454,180. 20 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 301,754. 294,101. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 758,434. 758,877. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 <69,221. <30,151.> Beginning of Current Year **End of Year** 830,540. 20 Total assets (Part X, line 16) 880,927. 60,943. 40,707. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 819,984. 789,833. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Tue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge lowd Ø Signature of officer Sign DAVID MISCH, BUSINESS MANAGER Here Type or print name and title

Preparer's signature Bernard J. Sullivan C. P. A Print/Type preparer's name 12/22/15 Paid P01208664 BERNARD J. SULLIVAN Preparer Firm's name BANSLEY & KIENER, Firm's EIN 36-2152389 Firm's address ▶ 8745 W HIGGINS Use Only CHICAGO, IL 60631 Phone no (312)263-2700May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form	990 (2014) LOCAL 35-2116536 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO COORDINATE LABOR MATTERS AND TO ADMINISTER TO ANY LABOR PROBLEMS OF
	MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	THE UNION'S ACTIVITIES INCLUDE SECURING ECONOMIC ADVANTAGES FOR ITS
	MEMBERSHIP AND TO AID WORKERS TO SECURE BETTER WORKING CONDITIONS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(Code
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶
	Form 990 (2014)

	990 (2014) LOCAL 35-2116 t IV Checklist of Required Schedules	536	<u>P</u>	age 3
Par	TIV Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1		х
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		x
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_		l
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		X
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			
	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
40	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		х
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	10		
• •	as applicable	,	^ ^	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	*		-
_	Part VI	11a	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			
	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 ⁹ If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			77
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	106		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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
	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		

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	rt IV Checklist of Required Schedules (continued)		Yes	No
21	. Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			140
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	İ.	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22_		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u>X</u>	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	<u> </u>
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05.		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	3		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		_X
5 4	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	332		
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Y	

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Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			 -
	Saturation and the Board of Samuel 1000 Satura O. And analysis land		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 1b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.		ļ .
С	(gambling) winnings to prize winners?	1c	х	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-10		
Za	filed for the calendar year ending with or within the year covered by this return 2a 5	**	\$,
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			\vdash
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-55		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			7
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	î.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	×	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b_		l
7	Organizations that may receive deductible contributions under section 170(c).	•		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	*	} 	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		├
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Consequence and capital contributions included on Part VIII, line 12 Consequence and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		_	l_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

UNITED ASSOCIATION OF JOURNEYMEN AND 210 35-2116536 Form 990 (2014) LOCAL 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 Section A. Governing Body and Management Yes No 1a 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 b Enter the number of voting members included in line 1a, above, who are independent 1b 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? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 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 conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed I	▶]	П	۸

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

____ Another's website Own website

X Upon request 」 Other *(explain in Schedule O)*

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records DAVID MISCH - (219)942-7224

2901 E. 83RD PLACE, MERRILLVILLE, IN

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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

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

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

(A) Name and Title	(B) Average	(do	not c	(C Posi	c) ition	than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		unle er an					compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıeı	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Indiv	Insti	Officer	Key (돌를	Former			
(1) DAVID MISCH	_45.00								_	
BUSINESS MANAGER				Х		_	ļ	88,730.	0.	62,544.
(2) MATT TERRY	45.00								_	
BUSINESS AGENT				X		ļ	ļ	93,148.	0.	63,869.
(3) MICHAEL GREENYA	0.50							_	_	_
PRESIDENT				X			<u> </u>	0.	0.	0.
(4) SALVADOR ESPINO	0.50								_	_
VICE-PRESIDENT				X		_		0.	0.	0.
(5) JOSEPH DAVIS	0.20						ļ		_	_
RECORDING SECRETARY				Х		_	ļ	0.	0.	0.
(6) DAVID KOUNTZ	0.20							_	_	
TREASURER				X				0.	0.	<u> </u>
(7) OMAR CORONA	0.20							_		
INSIDE GUARD			ļ	X		ļ	L_	0.	0.	0.
(8) KEITH KLEINFELDT	0.20									
EXECUTIVE BOARD				Х	_	_	<u> </u>	0.	0.	0.
(9) SCOTT DEGROOT	0.20									
EXECUTIVE BOARD				Х		_	ļ	0.	0.	0.
(10) ROBERT DEPYSSLER	0.20									
EXECUTIVE BOARD				X		ļ <u> </u>	ļ	0.	0.	0.
(11) KURT TERRY	0.20									
EXECUTIVE BOARD				X			ļ	0.	0.	0.
(12) MICHAEL LASKARIN	0.20							_	_	
FINANCIAL BOARD				X			<u> </u>	0.	0.	0.
(13) CHRISTOPHER DODRILL	0.20						ł			
FINANCIAL BOARD				X	ļ. <u>.</u>		<u> </u>	0.	0.	0.
(14) ALEX CORIANO	0.20						Ì			
FINANCIAL BOARD		_		X				0.	0.	0.
(15) LEE CULVER	0.20									
EXAMINING BOARD				X		ļ	<u> </u>	0.	0.	0.
(16) TRAVIS HAMILTON	0.20									•
EXAMINING BOARD				X	<u></u>	ļ	<u>L</u> .	0.	0.	0.
(17) BRIAN SCHOFF	0.20									
EXAMINING BOARD		<u></u>	l	X	L		L	0.	0.	0.
432007 11-07-14										Form 990 (2014)

Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

<u> </u>		Check if Schedule O contr		or note to any lir	ne in this Part VIII			
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts ıts	1 a	a Federated campaigns	1a					*
	b	b Membership dues	1b					1 11
	٥	c Fundraising events	1c					A)
	l c	d Related organizations	. 1d					
	e	e Government grants (contribut	ions) 1e					i s
tion r S	f	f All other contributions, gifts, gran	ts, and		:		,	1 . 1
the		similar amounts not included above	ve . 1f			*		`\$ [*]
ntri d O	g	g Noncash contributions included in lines	1a-1f \$					
<u>3 g</u>	h	h Total. Add lines 1a-1f		<u> </u>				Ŷ
				Business Code		-	» -	
çe	2 a	a ASSESSMENT		900099	471,184.			
Program Service Revenue	l t	b DUES		900099	129,946.			
Selle	c	c RENTAL INCOME		900099	24,000.	24,000.		
Rev	C	d FINES		900099	10,657.	10,657.		
rog	 €	e						
Ф.	f	f All other program service reve	nue .					
	2	g Total. Add lines 2a-2f			635,787.		\$	\$
	3	Investment income (including	dividends, intere	est, and	242			0.40
		other similar amounts)			242.			242.
	4	Income from investment of tax	x-exempt bond p	roceeds				-
	5	Royalties						
			(i) Real	(ii) Personal	<u> </u>	>	4. 4. 4.	
	6 a				, ·			
		b Less: rental expenses				*	. 35	
		c Rental income or (loss)			-	• •	- نَدْ	<u> </u>
		d Net rental income or (loss)		(1) (2)				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other	-	ř, ·		* *
		assets other than inventory			-			
		b Less cost or other basis				· ·		
	ļ	and sales expenses			•			•
		c Gain or (loss)					-	,
	F	d Net gain or (loss)	a aventa (nat			<u> </u>		
μe	8 8	 a Gross income from fundraising including \$ 						
ě		contributions reported on line	of				•	
æ		Part IV, line 18	•					
Ę	١,	b Less direct expenses	. a b					
ŏ	1	c Net income or (loss) from fund	-					•
	1	a Gross income from gaming ac	_					-
	3.	Part IV, line 19	а					
	١,	b Less direct expenses	b		•			ļ
	ł .	c Net income or (loss) from gam	•					
	!	a Gross sales of inventory, less		[
	'	and allowances	а					
	l r	b Less cost of goods sold	b		1			
	l	c Net income or (loss) from sale	•	•				
		Miscellaneous Revenu		Business Code	-			
	11 a	a ADMINISTRATIVE		900099	69,923.	69,923.		
		b DEATH FUND		900099	21,549.	21,549.		
	,	c MISCELLANEOUS I	NCOME	900099	782.	782.		
	(d All other revenue						
	6	e Total. Add lines 11a-11d		>	92,254.			
	12	Total revenue See instructions.			728,283.	728,041.	0.	242.

Form 990 (2014) LOCAL
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			•	\$.
	and domestic governments. See Part IV, line 21	2,500.			
2	Grants and other assistance to domestic			\$ s *	¥, , ,
	individuals See Part IV, line 22	····			
3	Grants and other assistance to foreign			, , , , , , , , , , , , , , , , , , ,	
	organizations, foreign governments, and foreign			, ,	
	individuals See Part IV, lines 15 and 16				ļ*' <u></u>
4	Benefits paid to or for members			. 4	4 , 5 ,
5	Compensation of current officers, directors,	100 701		-	
_	trustees, and key employees	182,791.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	80,147.			
7 8	Other salaries and wages Pension plan accruals and contributions (include	00,147.		<u> </u>	
0	section 401(k) and 403(b) employer contributions)	134,540.			
9	Other employee benefits	34,196.			
10	Payroll taxes	22,506.		 	
11	Fees for services (non-employees)				
	Management				
b	Legal	1,850.			
С	Accounting	21,310.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Win to Asset	i arije e ka 🐴	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,736.			
12	Advertising and promotion	4,501.			
13	Office expenses	11,180.			
14	Information technology				
15	Royalties	0 (41			
16	Occupancy .	9,641. 8,374.			
17	Travel	8,3/4.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	5,341.		 	
19 20	Interest		· 	· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates	149,243.			
22	Depreciation, depletion, and amortization	34,663.			
23	Insurance	9,965.			
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DEATH FUND BENEFIT	27,198.		 	
b	REPAIRS & MAINTENANCE	5,332.			
c	CHRISTMAS EXPENSE	4,444.			
ď	MISCELLANEOUS	2,250.			
e	A 11 1	3,726.			
25	Total functional expenses Add lines 1 through 24e	758,434.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			L	<u> </u>

Form 990 (2014) LOCAL
Part X Balance Sheet

35-2116536 Page 11

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,523.	1	142,521.
	2	Savings and temporary cash investments	285,010.	2	278,338.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		l	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	*_	٠,٠	
w		employees' beneficiary organizations (see instr) Complete Part II of Sch L	^_	6	
Assets	7	Notes and loans receivable, net		7	
As	7	Inventories for sale or use		8	
	8	Prepaid expenses and deferred charges		9	
	9	Land, buildings, and equipment cost or other		-	
	IUa	basis Complete Part VI of Schedule D 10a 886,103.			
	L	Less: accumulated depreciation 10b 491,349.	409,467.	10c	394,754.
		,	400,407.	11	334,134.
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
	12	Investments - program-related See Part IV, line 11		13	
	13	· ·		14	
	14	Intangible assets	14,927.	15	14 027
	15	Other assets. See Part IV, line 11	880,927.	16	14,927. 830,540.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	000,727.	17	030,340.
	17	Accounts payable and accrued expenses		18	-
	18	Grants payable	· · · · · ·	19	·
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	*	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	,		
Þ		key employees, highest compensated employees, and disqualified persons.		00	
Lia	00	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		Schedule D	60,943.	OE	40,707.
	00	· · · · · · · · · · · · · · · · · · ·	60,943.	25 26	40,707.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	00,943.	26	40,707.
				1	
čė		complete lines 27 through 29, and lines 33 and 34.	493,162.	07	496 402
<u>a</u>	27	Unrestricted net assets	326,822.	27	496,402. 293,431.
Ва	28	Temporarily restricted net assets	320,022.	28	233,431.
Ρ̈́	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
Š		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	010 004	32	700 022
_	33	Total net assets or fund balances	819,984.	33	789,833.
	34_	Total liabilities and net assets/fund balances	880,927.	_34	830,540.

Form **990** (2014)

Form	990 (2014) LOCAL	<u>35-2116</u>	536	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>34.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>51.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	819	9,9	84.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u> 789</u>	9,8	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule 0 contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIE	D CASH			, ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			, ;
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	on a		* ?	8,75
	separate basis, consolidated basis, or both] , [
	Separate basis X 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 basıs,			
	consolidated basis, or both.],		, i
	Separate basis Consolidated basis Both consolidated and separate basis		′°°′ •		13.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	34	. : [2]	M.:
	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 School	edule O.			` *
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		ĺ	_ 1
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	i	

432012

Form **990** (2014)

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

Name of the organization

UNITED ASSOCIATION OF JOURNEYMEN AND 210

Employer identification number 35-2116536

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
Ū	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 of		•
	impermissible private benefit?	or definer devices, or for any easer purpos	Yes No
Pai		nanization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by tl	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	· ·
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	··	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		_
	(i) Revenue 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 treating	•	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 LOCAL							<u>-2116</u>		
Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, e	or Oth	er Similar A	ssets(co	ntınue	(d)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	at are a s	ignificant use o	of its colle	ction it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizati	on's exe	mpt purpose ir	Part XIII.		
5	During the year, did the organization solicit o									
Ū	to be sold to raise funds rather than to be ma							☐ Ye	s [□ No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990, Par			
	reported an amount on Form 990, Par			, organizane	αποτισίο			,	,	
12	Is the organization an agent, trustee, custodi		lary for	contribution	as or other as	sets not	included			
ıa	on Form 990, Part X?	and of other intermed	ilary 101	CONTRIBUTION	is or other ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	incidaca	☐ Ye	_ [□ No
_	·	and complete the fel	llowing	table:		•			3 (
D	If "Yes," explain the arrangement in Part XIII	and complete the for	liowing	labie				Λ		
	Decree halana							Ann	ount	
	Beginning balance	• • •				•	1c			
	Additions during the year	• •					1d			
_	Distributions during the year		•				1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo						lity?	└── Ye	S (— No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete it	_								
	•	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years	back (e)	our ye	ars back
1a	Beginning of year balance				<u></u>		-			
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	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 should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ind administe	ered for t	he organization	1		
	by						-		Ye	s No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations					·		3a		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					b	
4	Describe in Part XIII the intended uses of the	•							I	
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		. Part IV	/. line 11a S	ee Form 990	. Part X.	line 10			
	Description of property	(a) Cost or of		T	or other		ccumulated	(4) [Book va	aluo
	Description of property	basis (investin			(other)		preciation	(a) i	JOOK V	aiue
	Lond	2433 (11763111			0,000.		p. 30/4/10/1	+	50	000
	Land						172 202	 		000.
b	Buildings				0,724.		<u>172,392.</u>			332.
С	Leasehold improvements				1,178.		261,266.			912.
	Equipment				6,774.		21,070.		<u>25,</u>	704.
_	Other	1		∣ 3	7,427.		36,621.	· l		806.
	. Add lines 1a through 1e (Column (d) must e									754.

Schedule D (Form 990) 2014

15

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

2014 OEOOO INITADO XCCOCTXATON OD TOTTON DICIENCE

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 LOCAL		35-2116536 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	je per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, III	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		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e 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	•	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	l l
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	. 5
Part XII Reconciliation of Expenses per Audited Financial S		ses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 12a.	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	^ *
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Part XIII Supplemental Information.	<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art V, line 4; Part X, line 2, Part XI,
ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.	
		
		-

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

UNITED ASSOCIATION OF JOURNEYMEN AND 210

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

35-2116536 LOCAL **Questions Regarding Compensation** Part I Yes No 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study 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: a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Participate in, or receive payment from, an equity-based compensation arrangement? 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), 501(c)(4), and 501(c)(29) 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 Any related organization? 5b 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 The organization? 6a Any related organization? 6b 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

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

Regulations section 53 4958-6(c)?

35-2116536

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2014

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

Note. The sum of columns (B)(i) (iii) 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		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			in column (B) reported as deferred in prior Form 990
(1) DAVID MISCH	Ξ	88,730.	0	0.	48,976.	13,568.	151,274.	0
- 4	Ξ	0	0.	0.	0.	0.		0
(2) MATT TERRY	Ξ	93,148.	0	0.	50,301.	13,568.	157,017.	0
BUSINESS AGENT	(ii)	0.	0	0.	• 0	0.		0.
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(E)							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 LOCAL

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. Part III Supplemental Information

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									:	

Schedule J (Form 990) 2014

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.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization LOCAL

UNITED ASSOCIATION OF JOURNEYMEN AND 210

Employer identification number 35-2116536

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
LABOR UNION
FORM 990, PART VI, SECTION A, LINE 6:
THE UNION IS A LABOR ORGANIZATION WHOSE MAIN OBJECTIVE IS TO COORDINATE
LABOR MATTERS AND TO ADMINISTER TO ANY LABOR PROBLEMS OF ITS MEMBERS. THE
UNION'S MEMBERS ARE THOSE COVERED INDIVIDUALS WHO WORK FOR EMPLOYERS
SUBJECT TO THE COLLECTIVE BARGAINING AGREEMENT WITH THE UNION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE OFFICERS OF THE UNION ARE ELECTED TO THEIR POSITION BY THE UNION
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE UNION'S MEMBERSHIP CONSISTS OF INDIVIDUALS WORKING FOR EMPLOYERS UNDER
A COLLECTIVE BARGAINING AGREEMENT WITH THE UNION AND INDIVIDUALS WHO HAVE
RETIRED FROM THE UNION. A MEMBER IS ONE WHO HAS SATISFIED ITS REQUIREMENT
FOR MEMBERSHIP AND IS IN GOOD STANDING WITH THE UNION. DEPENDING ON THE
TYPE OF MEMBERSHIP STATUS A MEMBER HAS DETERMINES THE VOTING RIGHTS OF THE
MEMBER. JOURNEYMAN, RETIRED JOURNEYMAN AND LIFE MEMBER JOURNEYMAN HAVE
FULL VOTING RIGHTS ON ALL MATTERS. PRODUCTION WORKERS AND APPRENTICES HAVE
NO VOTING RIGHTS.
FORM 990, PART VI, SECTION B, LINE 11:
THE GOVERNING BODY AUTHORIZES THE BUSINESS MANAGER TO REVIEW AND APPROVE
THE FILING OF THE FORM 990.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 35-2116536

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

UNITED ASSOCIATION OF JOURNEYMEN AND 210

LOCAL

Name of the organization Department of the Treasury Internal Revenue Service

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

Schedule R (Form 990) 2014

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CONTRIBUTIONS TO STATE AND

MAKES POLITICAL

PLUMBERS LOCAL UNION 210 POLITICAL ACTION COMMITTEE - 37-1505960, 2901 EAST 83RD

PLACE, MERRILLVILLE, IN 46410

LOCAL CANDIDATES

Schedule R (Form 990) 2014 LOCAL

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Page 2

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(a)	(q)	(c)		(e)		Œ	(6)	(F)			(i)	(K)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	redominant income (related, unrelated, excluded from tax under sections 512-514)		Snare of total income	snare or end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	Jule part	managing Ow partner?	partner?
		country)							1			
										•		
									-			
									_	_	_	
									_			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corpo	rration or Trust Cor ear	mplete if the	organization a	nswered "Yes"	on Form 990, F	art IV, line 3	34 because it ha	ad one or	more r	elated
(a)			(9)	(0)	Ð	(e)		£	(6)	£		(=)
Name, address, and EIN of related organization		Primi	Primary activity	Legal domicile (state or	Direct controlling entity	ng Type of entity (C corp, S corp,		Share of total income	Share of end-of-year	Percentage ownership		512(b)(13) controlled
					•				assets			Yes No
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014 LOCAL

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>-</u>	Yes No	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>-			1 a	×	ا۔
b Gift, grant, or capital contribution to related organization(s)			:	1b	X	ام
c Gift, grant, or capital contribution from related organization(s)				10	×	u
d Loans or loan guarantees to or for related organization(s)				14	×	
				1e	×	
† Dividends from related organization(s)				=	۱ ا	الم
g Sale of assets to related organization(s)				1	×	
h Purchase of assets from related organization(s)				ť	×	
Exchange of assets with related organization(s)				i-	X	
J Lease of facilities, equipment, or other assets to related organization(s)				7	×	الما
k pase of facilities equipment or other assets from related organization(s)				ž	×	
Deformance of equipment of commence of individual contents for	(9)40402100			= =	: >	
reflormance of services of members in portugues sometations for related diganization (s)	allization(s)			= .	4 3	١.
	anization(s)			E	∢ :	ا،
	tion(s)			두	×	ال
 Sharing of paid employees with related organization(s) 				9	×	اد
n Rembursement hard to related organization(s) for expenses				Ę		.
g Reimbursement paid by related organization(s) for expenses				- 5	×	ال
r Other transfer of cash or property to related organization(s)				+	×	الم
s Other transfer of cash or property from related organization(s)				1s	×	ار
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						1
4}						1
(5)						
(9)						
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Schedule R (Form 990) 2014 LOCAL

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

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

	8								
(a)	<u>(a)</u>	<u> </u>	(a) (d) Affeall		(<u>6</u>)	Ē,	(3	X.
Name, address, and EIN of entity	Primary activity	흥혈	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax under		Share of end-of-year	Oispropor- tionate allocations?	Ospropor- Code V-UBI General or Percentage Lonale amount in box 20 managing ownership old Schedule K-1 parner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2014

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Part VII	(Form 990) 2014 Supplemental Infor	LOCAL	 	-			·	35-2116536 Page 5
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	Provide additional informa	mon for respon	ises to questions on sc	nedule	n (see inst	ructions).		
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