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DLN: 93493105003436

Form **990** 

Department of the Treasury Internal Revenue Service

## **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

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year	beginning 01-01-2015 , and ending 12	2-31-2015					
		pplicable	C Name of organization UNITED ASSOC OF JOURNI				D Emplo	yer iden	tification number	
_	dress ch	-	PLUMBERS & STEAMFITTER	RS LOCAL UNION 157			35-05	60994		
	me cha tıal retu	_	Doing business as			L				
Fın	ıal			box if mail is not delivered to street address)	Room/suite	I	E Telepho	one numl	per	
ret	urn/ten	mınated	8801 EAST MILNER AVENU	·E		<u> </u>	(812)	877-1	531	
	nended		City or town, state or prov TERRE HAUTE, IN 47803	rince, country, and ZIP or foreign postal code			<b>G</b> Gross r	acaints ¢	3,273,974	
Ap	plication	n pending	,				G Gloss I	eccipts \$	3,213,914	
			<b>F</b> Name and addres JOHN B STRANGE	ss of principal officer	F	<b>i(a)</b> Is this subordi		return	for □Yes ☑No	
			8801 EAST MILNER			Suborai : <b>I(b)</b> Are all		nates	Tyes No	
			TERRE HAUTE, IN	4/803		ınclude	d۶			
<b>T</b> Ta	ıx-exen	npt status	「 501(c)(3) <b>▽</b> 501(c)	) (5) ◀ (insert no )	27				(see instructions) nber ► 0297	
J W	ebsite	e: <b>►</b> N/A	<u> </u>			(C) Group	exempt	ion nun	iber <b>F</b> 0297	
			Corporation Trust	Accordation Other In-		L Year of forma	ation 19	96 M	State of legal domicile IN	
	rt I		mary	ASSOCIATION   Other P		L rear or foling	ation 10	90   14	State of legal doffficile. IN	
				mission or most significant activities						
		<u>ABÓR UI</u>							_	
Governance	_									
Ē	-									
Š Š	2 (	Check th	is box ► If the organiza	ation discontinued its operations or dis	posed of m	ore than 25%	% of its	net ass	ets	
భ :త	1 8	Number	of voting members of the	governing body (Part VI, line 1a) .				з	18	
Activities &	4 1	Number	of independent voting me		•	4	14			
Ē	5 7	Total nur	nber of individuals emplo	oyed ın calendar year 2015 (Part V, lıne	e 2a) .		•	5	16	
į	6 1	Fotal nur	mber of volunteers (estim	nate if necessary)				6	0	
•	7a ⊺	Total unr	elated business revenue	e from Part VIII, column (C), line 12 .				7a	0	
	<b>b</b> N	et unrela	ited business taxable inc	come from Form 990-T, line 34				7b	0	
a,					-	Prior \	<b>fear</b>		Current Year	
	8			VIII, line 1h)				0	0	
Revenue	9			t VIII, line 2g)	F		2,560,6	-	2,709,871	
7	10		•	t VIII, column (A), lines 3, 4, and 7d)					36,149	
	11	Total revenue—add lines 8 through 11 /must equal Part VIII column (A) line							10,006	
	12	10tair	revenue—add iines 8 thro	ougn II (must equal Part VIII, column	(A), line		2,617,	378	2,756,026	
	13	Grants	and similar amounts pa	aid (Part IX, column (A), lines 1–3) .			96,0	059	67,985	
	14	Benefi	ts paid to or for members	s (Part IX, column (A), line 4)	[			0	0	
ø	15	Saları 5-10)		employee benefits (Part IX, column (A)	), lines		1,326,	320	1,361,708	
Expenses	16a	•		(Part IX, column (A), line 11e)					0	
₹ ⊕	Ь		ndraising expenses (Part IX, c							
Ш	17			mn (A), lines 11a-11d, 11f-24e)			1,606,0	042	1,799,560	
	18			-17 (must equal Part IX, column (A), lir			3,028,		3,229,253	
	19			act line 18 from line 12	<del> </del>		-411,		-473,227	
\$ 8 8						Beginning of C	Current '	Year	End of Year	
Not Assets or Fand Balances	20	Total	assets (Part X line 16)		}		4,012,	558	3,523,116	
A A	21			5)			28,		12,000	
25	22			Subtract line 21 from line 20	<b>—</b>		3,984,	-	3,511,116	
	rt II		ature Block		<u>'</u>					
my k	nowle	dge and l		have examined this return, including ac and complete Declaration of preparer (						
		****					-04-14			
Sigr		Signa	Signature of officer Date							
Her	e		B STRANGE FINANCIAL SECR	RETARY/TREASURER						
		<u> </u>	rint/Type preparer's name	Preparer's signature	Date	1	<u> </u>	PTIN		
Paid	Ч		COLIN THOMPSON	COLIN THOMPSON	Date	CHECK	l if nployed	P01460	524	
		, F	irm's name ► LEGACY PRO	FESSIONALS LLP	I	Firm's	EIN ► 3	<b>L</b> 2-004359	99	
	pare	1 -	irm's address 🟲 222 INDIANAF	POLIS BLVD - STE 103		Phone	no (312	) 368-05	00	
USE	On	עי	SCHERERVILL	LE, IN 46375						

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

. ✓ Yes ┌ No

	art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 🚨	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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

	990 (2015)					Page
Pai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	Chock in Contention Contention a respective or most to any mile in time				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	7			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	venc	lors and reportable	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during			За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ►	c and I	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6-	Deep the eventualities have applied event value that are neverally greater than \$10		0 and did tha	5с 6а	Yes	
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont If "Yes," did the organization include with every solicitation an express statement the	rıbutı	ons?		res	
	were not tax deductible?			6b	Yes	
а	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?		d partly for goods and	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		ation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	siness	s holdings at any time			
Qa	Did the sponsoring organization make any taxable distributions under section 4966			8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter	. coa p				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	I				
а	Is the organization licensed to issue qualified health plans in more than one state ${}^{\circ}N$ additional information the organization must report on Schedule O	<b>ote.</b> S	ee the instructions for	13a		
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax		?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
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 filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		Νo
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		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN B STRANGE 8801 E MILNER AVE TERRE HAUTE, IN 47803 (812) 877-1531

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos more pers	ition than on is	(C) (do one bot	not box	check, office Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN B STRANGE	40 00			x		Ě		107,369	0	59,570
FINANCIAL SECRETARY/TREAS	0 50							10,,505		33,370
(2) GREG THOENNES BUSINESS MANAGER	40 00			х				114,733	0	62,198
(3) WILBUR CROUCH III BUSINESS AGENT	40 00			х				107,415	0	59,570
(4) DARRELL PICKETT PRESIDENT - NEW/VP - PAST	1 00			х				0	0	0
(5) SHAWN MARTIN  VICE PRESIDENT - NEW/EX BOARD - PAST	1 00			х				0	0	0
(6) JUSTIN WEGER INSIDE GUARD	1 00			х				0	0	0
(7) JEFFREY LINDLEY RECORDING SECRETARY	1 00			х				0	0	0
(8) MATT MELIN  EXECUTIVE BOARD	1 00			х				0	0	0
(9) DIRK PORTER  EXECUTIVE BOARD	1 00			х				1,570	0	0
(10) GREG LANAM EXECUTIVE BOARD	1 00			х				0	0	0
(11) STEVE SHAFFER  EXECUTIVE BOARD - NEW	1 00			х				0	0	0
(12) TIM WRIGHT FINANCE COMMITTEE	1 00			х				0	0	0
(13) GREG SEWARD FINANCE COMMITTEE	1 00			х				0	0	0
(14) JONATHAN WOOTEN FINANCE COMMITTEE	1 00			х				0	0	0
	•	<u> </u>								Form <b>990</b> (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee) or							table nsation the zation	(E) Reportable compensation from related organizations		(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/ MIS		(W- 2/1099 MISC)	_	organiz and re organiz	lated
. ,	KENNETH THOMPSON	1 00			x					0		0		
EXAM	BOARD					_								
(16)	STEVE PEARSON JR	1 00			×					0		0		0
	BOARD FOM HUSS	1 00				╀						$\dashv$		
					x					0		0		0
	BOARD OHN CHRISTESON	1 00				-								
					x					0		0		0
	BOARD - NEW STEPHEN SNYDER	40 00				$\vdash$						$\dashv$		
	REPRESENTATIVE				×					101,007		0		58,256
	DARREK DAVIS	40 00												
	REPRESENTATIVE				×					101,491		0		58,256
(21)	IAMES BRITTON	1 00			,									
EXAM	BOARD - PAST				X					U		ď		U
(22)	DSCAR THOMPSON	1 00			x					0		۸		
PRES	IDENT - PAST											Ŭ		
												_		
41.	Cut. Tatal					<u> </u>				_				
1b c	Sub-Total	VII Section A		•	•					+				
d			• •	٠.	•	<b>▶</b>			533,585		0		2	297,850
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eıved mo	re than				
													Yes	No
3	Did the organization list any <b>former</b> offi			e, key	y em	nplo	yee, o	r hıg	hest con	pensate	d employee			
	on line 1a? If "Yes," complete Schedule 3	for such individ	lual .	•	•	•		•			[	3		No
4	For any individual listed on line 1a, is to organization and related organizations and individual										om the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									tion or ii	ndıvıdual for	5		No
	ection B. Independent Contracto	ors												
1	Complete this table for your five highes compensation from the organization Re	t compensated											tax year	
	Name and h	(A) usiness address								Description	(B) on of services		(C) Compen	
	Name diu L	aomeoo dudleoo								Description	01 301 11003	$\exists$	Compen	Jacon
												$\dashv$		
												+		
												$\dashv$		

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

Part V	100	Statement o			Ab D VIII			_
			ile O contains a respoi	ise or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated camp						
ons, Gifts, Grants Similar Amounts	b	Membership du	es <b>1b</b>					
s, G Am	С	Fundraising eve	ents <b>1c</b>					
iftk Iar	d	Related organiz	ations 1d					
is, (	е	Government grants	(contributions) <b>1e</b>					
Contributions, Giffs, and Other Similar A	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
ibut	q		ons included in lines					
Contributic and Other		1a-1f \$			_			
Co an	h	Total. Add lines	31a-1f					
en	_			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	S/ASMNTS	900099	2,709,871	2,709,871		
eg.	b							
,мс	c d							
Ser	u e							
ran	f	All other progra	m service revenue					
<b>}</b> ∙								
	g 3		ome (including dividen		2,709,871			
		and other simila	aramounts)	•	21,531			21,53
	4		tment of tax-exempt bond	proceeds				
	5	Royalties	() Paul	(u) Davaanal				
	6a	Gross rents	(ı) Real 5,600	(II) Personal				
			17.000					
	b	Less rental expenses	17,938					
	С	Rental income or (loss)	-12,338					
	d	Net rental incor	me or (loss)		-12,338			-12,338
	7a	Gross amount	(ı) Securities	(II) Other				
	74	from sales of assets other than inventory	514,628					
	Ь	Less cost or other basis and sales expenses	500,010					
	c	Gain or (loss)	14,618		14,618			44.54
۸.	d 8a	Net gain or (los Gross income fi	s)	· · · · •	14,018			14,61
Other Revenue	Ou	events (not incl	uding					
er Re		See Part IV, lin	reported on line 1c) e 18 a					
<b>.</b>	b	Less direct ex	penses b					
	С		loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses <b>b</b> loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold <b>b</b>					
	С	_	loss) from sales of inv	entory 🛌				
		Miscellaneous		Business Code	المماد			
		REIMB AND RE		900099	11,384			11,38
		MISCELLANEC	US	900099	10,960			10,96
	c d	All other revenu						
	e	Total. Add lines		🕨				
	12		See Instructions	· · · · · · · ,	22,344			

		Statement of Functional Expenses				
Section	on 501	1(c)(3) and 501(c)(4) organizations must complete all columns A	ll other organiza	ations must com	plete column (A)	
		Check if Schedule O contains a response or note to any line in thi	s Part IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1		nts and other assistance to domestic organizations and estic governments See Part IV, line 21	65,329			
2		nts and other assistance to domestic	2,656			
3	gove	ots and other assistance to foreign organizations, foreign ernments, and foreign individuals See Part IV, lines 15	2,030			
4	Bene	efits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	825,040			
6	(as c	pensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	er salarıes and wages	268,933			
8		sion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	134,661			
9	Othe	er employee benefits	65,611			
10	Payr	roll taxes	67,463			
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Lega	1	2,900			
c	Acco	ounting	24,250			
d	Lobb	pying				
e	Profe	essional fundraising services See Part IV, line 17				
f	Inve	stment management fees				
g		er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O)				
12	Adve	ertising and promotion	16,820			
13		e expenses	135,447			
14		rmation technology				
15		alties				
16	Occi	upancy	48,178			
17		el	23,592			
18		ments of travel or entertainment expenses for any federal, e, or local public officials				
19		ferences, conventions, and meetings	31,994			
20	Inte	rest				
21	Payr	ments to affiliates	680,300			
22	Depr	reciation, depletion, and amortization	69,586			
23		rance	43,761			
24	misc 10%	er expenses Itemize expenses not covered above (List cellaneous expenses in line 24e If line 24e amount exceeds of line 25, column (A) amount, list line 24e expenses on edule O)				
а	MAR	KET RECOVERY	563,514			
b	PIC	NIC EXPENSE	82,278			
c	SPE	CIAL EVENTS	38,352			
d	EQU	IPMENT & RENTAL MAIN	25,613			
е	Allo	ther expenses	12,975			
25	Tota	If functional expenses. Add lines 1 through 24e	3,229,253			
26	repo educ	t costs.Complete this line only if the organization relation in column (B) joint costs from a combined sational campaign and fundraising solicitation ck here				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 16,950 18,584 1 1 1.008.827 2 1.295.998 2 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . . 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 2,373,953 Complete Part VI of Schedule D 10a b 10b 1,642,068 678,823 10c 731,885 Less accumulated depreciation . . . . 2.020.787 11 1,762,777 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 1,043 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 4,012,558 16 3,523,116 17 17 18 18 19 19 20 20 20.000 21 21 12.000 Escrow or custodial account liability Complete Part IV of Schedule D . . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 Schedule D 8,215 25 28.215 26 12,000 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 3.984.188 3.510.961 27 27 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 33 3,984,343 33 3,511,116 Total liabilities and net assets/fund balances . . . . . . . . . . . 4.012.558 34 3.523.116

_	230 (2013)				raye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	Check it Schedule O Contains a response of note to any line in this part XI	<del></del>	•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	756,026
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,;	229,253
3	Revenue less expenses Subtract line 2 from line 1	3		- 4	473,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		3,9	984,343
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		3,!	511,116
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	iewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountary		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ıın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493105003436

## **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

2015

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Open to Public Inspection Internal Revenue Service www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form our

<ul> <li>Section 501(c)(3) organizations t</li> <li>Section 501(c)(3) organizations t</li> <li>the organization answered "Ye</li> <li>ne 35c (Proxy Tax) (see separat</li> <li>Section 501(c)(4), (5), or (6) organization</li> </ul>	•	inder section 501(h)) tion under section 501	Complete Part II-A Do not (1(h)) Complete Part II-B Do parate instructions) or F	complete Part II-B not complete Part II-A Form 990-EZ, Part V,
Name of the organization UNITED ASSOC OF JOURNEYMEN & APPRE	ENTICES		Employer ident	ification number
PLUMBERS & STEAMFITTERS LOCAL UNION			35-0560994	
art I-A Complete if the or	rganization is exempt unde	er section 501(c	or is a section 527	organization.
Provide a description of the or  olitical expenditures	rganızatıon's dırect and ındırect pol	itical campaign activ	rities in Part IV	
ontical expenditures				
<b>•</b>				
1				\$0
olunteer hours				
oranteer nours				
art I-B Complete if the or	rganization is exempt unde	er section 501(c	)(3)	
-	e tax incurred by the organization		<u>/(=/.</u>	<u></u>
Enter the amount of any excis	e tax incurred by the organization.	<b>▶</b>		Ψ
Enter the amount of any excis	e tax incurred by organization man	agers under section	4955	\$
If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
1-				
(as a serrestion made)				
as a correction made?				
Yes No				
<b>b</b> If "Y es," describe in Part IV				
art I-C Complete if the or	rganization is exempt unde	er section 501(c	), except section 50:	1(c)(3).
Enter the amount directly exp	ended by the filing organization for	section 527 exempt	function activities	\$
nter the amount of the filing organi xempt function activities	zation's funds contributed to other	organizations for sec	ction 527	
<b>•</b>				<b>.</b>
			DOL 1 471	<b>&gt;</b>
I otal exempt function expend	itures Add lines 1 and 2 Enter he	re and on Form 1120	-POL, line 1/b	\$
1				
ıd the filing organızatıon file <b>Form 1</b>	.120-POL for this year?			
Yes No				
Enter the names, addresses a organization made payments amount of political contributio	ind employer identification number For each organization listed, enter ins received that were promptly and political action committee (PAC)	the amount paid fron d directly delivered to	n the filing organization's f o a separate political orga	unds Also enter the nızatıon, such as a
(a) Name  1) LOCAL 157 PAC FUND	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
I) LOCAL IST FAC LOND	8801 E MILNER AVENUE	45-5360308	0	182,967

as a correction made?				
Yes No	+ 71/			
<pre>b If "Yes," describe in Par art I-G Complete if th</pre>	TIV ne organization is exempt und	er section 501(c	), except section 50	1(c)(3).
	y expended by the filing organization for			\$
▶		·		
			-t F27	
kempt function activities	organization's funds contributed to othe	organizations for sec	20011 527	
<b>&gt;</b>				
				\$
Total exempt function ex	xpenditures Add lines 1 and 2 Enter he	ere and on Form 1120	-POL, line 17b	\$
<b>,</b>	•			
d the filing organization file <b>F</b>	form 1120-POL for this year?			
Enter the names, addres organization made paym	ses and employer identification number ents For each organization listed, enter	the amount paid fror	n the filing organization's f	unds Also enter the
Enter the names, addres organization made paym amount of political contr separate segregated fun	ents For each organization listed, enter ibutions received that were promptly and d or a political action committee (PAC)	r the amount paid fror d directly delivered t If additional space i	n the filing organization's for a separate political orga s needed, provide informat	unds Also enter the nization, such as a tion in Part IV
Enter the names, addres organization made paym amount of political contr	ents For each organization listed, enter abutions received that were promptly an	r the amount paid fror d directly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nization, such as a cion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
Enter the names, addres organization made paym amount of political contr separate segregated fun (a) Name	ents For each organization listed, enter ibutions received that were promptly and d or a political action committee (PAC)	r the amount paid fror d directly delivered t If additional space i	n the filing organization's for a separate political organs needed, provide informated (d) A mount paid from filing organization's	unds Also enter the nization, such as a cion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political
Enter the names, addres organization made paym amount of political contr separate segregated fun (a) Name	ents For each organization listed, enterpletions received that were promptly and dor a political action committee (PAC)  (b) Address	the amount paid from directly delivered to If additional space is (c) EIN	the filing organization's for a separate political organization organi	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
Enter the names, addres organization made paym amount of political contr separate segregated fun (a) Name	ents For each organization listed, enterpletions received that were promptly and dor a political action committee (PAC)  (b) Address	the amount paid from directly delivered to If additional space is (c) EIN	the filing organization's for a separate political organization organi	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
Enter the names, addres organization made paym amount of political contr separate segregated fun (a) Name	ents For each organization listed, enterpletions received that were promptly and dor a political action committee (PAC)  (b) Address	the amount paid from directly delivered to If additional space is (c) EIN	the filing organization's for a separate political organization organi	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
Enter the names, addres organization made paym amount of political contr separate segregated fun	ents For each organization listed, enterpletions received that were promptly and dor a political action committee (PAC)  (b) Address	the amount paid from directly delivered to If additional space is (c) EIN	the filing organization's for a separate political organization organi	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
Enter the names, addres organization made paym amount of political contr separate segregated fun (a) Name	ents For each organization listed, enterpletions received that were promptly and dor a political action committee (PAC)  (b) Address	the amount paid from directly delivered to If additional space is (c) EIN	the filing organization's for a separate political organization organi	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

		rganization is exempt under section 501(c)(3) and had election under section 501(h)).	s NOT		
tivity.		igh 1: below, provide in Part IV a detailed description of the lobbying		(a)	(b)
•			Yes	No	Amount
legislat	on, including any attemp	ianization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,			
through <b>a</b>	the use of			l	
olunteers?					
	<u></u>		ı		1
<b>b</b> Paid sta	ff or management (inclu	de compensation in expenses reported on lines 1c through 1i)?			J
<b>c</b> edıa advertı	sements?				
ı	1				
d .					
allings to m	embers, legislators, or th ı	e public?			
e Publica	 tions, or published or bro	adcast statements?			I
<b>f</b> Grants	 to other organizations fo	lobbying purposes?			1 1
<b>g</b> Direct o	 ontact with legislators, t	heir staffs, government officials, or a legislative body?			
<b>h</b> Rallies,	demonstrations, semina	rs, conventions, speeches, lectures, or any similar means?		1	
i				•	
ther activiti	es?				
<b>j</b> otal Addlin	es 1c through 1ı				
1	1				
		the organization to be not described in section 501(c)(3)?			1
		tax incurred under section 4912		1	
•		tax incurred by organization managers under section 4912		1	
		a section 4912 tax, did it file Form 4720 for this year?			_
art III-A	Complete if the o 501(c)(6).	rganization is exempt under section 501(c)(4), section	n 501(	c)(5), (	or section
<b>L</b> Were su		nore) dues received nondeductible by members?			Yes No
				ŀ	2   Yes
		n-house lobbying expenditures of \$2,000 or less?		<b> </b>	
		ry over lobbying and political expenditures from the prior year?			3 No
Part III-B	501(c)(6) and if	rganization is exempt under section 501(c)(4), section either (a) BOTH Part III-A, lines 1 and 2, are answered			
	line 3, is answere	d "Yes."			
	ments and sımılar amour	its from members			
1	162(e) nondeductible lo es for which the section	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).			
2 Section					
Section expense					
Section expense					
Section expense a urrent year					
Section expense a urrent year b	———— n last year				
Section expense a urrent year  2a b arryover from	n last year				
Section expense a urrent year b arryover froi 2b c	n last year				
2 Section expense a urrent year 2a   b arryover froi 2b   c otal	n last year				
Section expense a urrent year  2a b arryover from 2b c otal  2c A ggrega	<u> </u>	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	_ 3	1	
Section expense  a urrent year  2a   b arryover from  2b   c otal  2c   3 Aggrega  4	ate amount reported in so		_ 3	1	
Section expense  a urrent year  2a   b arryover from  2b   c otal  2c   3 Aggrega  1 notices were sees the orga	ate amount reported in so e sent and the amount of nization agree to carryov	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and	3		
Section expense a urrent year  2a   b arryover from  2b   c otal  2c   3 Aggrega 4 inotices were oes the orga	ate amount reported in so	n line 2c exceeds the amount on line 3, what portion of the excess	_ 3	1	
Section expense a urrent year  2a   b arryover from c otal  2c   3 Aggrega 4 inotices were ses the organ oblitical expenses	ate amount reported in so e sent and the amount of nization agree to carryov	n line 2c exceeds the amount on line 3, what portion of the excess	3	1	
Section expense a urrent year  2a   b arryover from 2b   c otal  2c   3 Aggrega 4 notices were sees the organ oditical expense 4	e sent and the amount on not contain agree to carryown diture next year?	n line 2c exceeds the amount on line 3, what portion of the excess	_ 3		
Section expense a urrent year  2a   b arryover from 2b   c otal  2c   3 Aggrega 4 notices were set the organ olitical expense 4 Taxable	e sent and the amount or nization agree to carryov nditure next year?	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)			
Section expense  a urrent year  2a   b arryover from  2b   c otal  2c   3	e sent and the amount of nization agree to carryounditure next year?  amount of lobbying and  Supplemental Infidescriptions required for	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  ormation  Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	5		I-A, lines 1 and
Section expense  a urrent year  2a   b arryover from  2b   c otal  2c   notices were the organistical expense  4   Taxable  Part IV  Provide the construction of the c	e sent and the amount of nization agree to carryove nditure next year?  Supplemental Information and part II-B, Insections), and Part II-B, Insections)	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  ormation  Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated given a line of the part for any additional information	5		I-A, lines 1 and
2 Section expense a urrent year 2a   b arryover from 2b   c otal 2c   3 Aggrega 4 Finotices were pessible orga oblitical expe 4 Taxable Part IV Provide the 2 (see instrict	e sent and the amount of nization agree to carryounditure next year?  amount of lobbying and  Supplemental Infidescriptions required for	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  ormation  Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	5 roup list	i), Part II	

Schedule C (Form 990 or 990EZ) 2015

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DLN: 93493105003436

OMB No 1545-0047

(Form 990)

**SCHEDULE D** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

**Supplemental Financial Statements** 

Open to Public

	ment of the Treasury I Revenue Service	Information about Schedule D	Attach to Form 990. (Form 990) and its instructions is at www.ir	s.aov/form990	Open to Public Inspection
	me of the organi		Tomi 330) and its instructions is at www.ii	Employer identifie	
UNI	TED ASSOC OF JOUR	RNEYMEN & APPRENTICES TERS LOCAL UNION 157			
			Advised Funds on Other Cinciles F	35-0560994	L-
Pa	rt I Organi Comple	ete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds or Account	is.
	<u>'</u>		(a) Donor advised funds	( <b>b</b> )Funds and ot	her accounts
1	Total numbe	rat end of year		(-)	
2	Aggregate v	alue of contributions to (during			
	year)				
3	Aggregate v	alue of grants from (during year)			
4	Aggregate v	alue at end of year			
5			idvisors in writing that the assets held in doi the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
6	Dıd the organız used only for cl	ation inform all grantees, donors, a	and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
Pai	rt III Conse	rvation Easements. Comple	ete if the organization answered "Yes" o	<u>on Form 990, Part</u>	IV, line 7.
1	☐ Preservatio	· · · · · · · · · · · · · · · · · · ·	e organization (check all that apply) ation or education)	n historically importa certified historic stru	
	┌ Preservatio	n of open space			
2		2a through 2d if the organization ne last day of the tax year	neld a qualified conservation contribution in	the form of a conserv	ation
				Held at t	he End of the Year
а	Total number o	f conservation easements		2a	
b	_	estricted by conservation easeme		2b	
C		servation easements on a certified	` '	2c	
d		servation easements included in (o ire listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of cons	servation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organizatio	n during the
	tax year ►				
4	Number of state	es where property subject to cons	ervation easement is located 🛌		
5		iization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, han asements it holds?	dling of	Yes No
6	Staff and volun	teer hours devoted to monitoring,	nspecting, handling of violations, and enforc	ing conservation eas	ements during the
	<b>-</b>				
7		enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onservation easeme	nts during the year
8		 servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
9	In Part XIII, de	escribe how the organization repor	s conservation easements in its revenue an of the footnote to the organization's financia		
		n's accounting for conservation ea			
Par	Comple	ete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.		
1a	works of art, his	storical treasures, or other similar	AS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	, or research in furthe	
b	works of art, his		AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
(		ided on Form 990, Part VIII, line 1		<b>▶</b> - \$	
		·	•		
		ed in Form 990, Part X	undament beneather a settlement of	<b>▶</b> \$	
2			nistorical treasures, or other similar assets f FAS 116 (ASC 958) relating to these items		viae tne

Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part III	Organizations Maintaining (continued)	Collections of A	rt, His	storica	l Trea	asures,	or Otl	ner Similar A	ssets	
	ng the organization's acquisition, acc ection items (check all that apply)	ession, and other rec	ords, ch			_		_	e of its	
a $ egtharpoonup$	Public exhibition		d	Г Lo	oan or e	exchange	orogran	ms		
ь Г	Scholarly research		е	$\Gamma$ 0	ther					
c $ extstyle  ex$	Preservation for future generations									
	vide a description of the organization <sup>:</sup> t XIII	's collections and exp	olaın hov	w they fu	rther t	he organız	atıon's	exempt purpose	ın	
ass	ing the year, did the organization soli ets to be sold to raise funds rather th	an to be maintained a						ımılar <b>Yes</b>	┌ No	
Part IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Pa	ırt IV,	line 9, o	r repo	rted an amoun	it on Forn	n 990,
	he organization an agent, trustee, cus uded on Form 990, Part X?	stodian or other inter	mediary	for cont	rıbutıo	ns or othe	rasset	s not <b>Yes</b>	√ No	
b I	f "Yes," explain the arrangement in P	art XIII and complet	e the fol	llowina ta	able			Am	ount	
	seginning balance						1c			
_	dditions during the year						1d			
	)istributions during the year						1e			
_	inding balance					•	1f			
	the organization include an amount o	n Form 990 Part X I	ine 21	for escr	ow or c	l stodial ac	count	liability? 🗸 Ves	Г	
<b></b>	che organización merade an ambanco			101 0001		ascourar a	o c c a i i c	nasine, , 100	,	
<b>b</b> 1f"\	Yes," explain the arrangement in Part	VIII Chack hare if t	he evnl	anation l	hac had	an provide	d in Da	rt VIII		Γ
Part V										<u> </u>
Pait V	Lindowine it i dids. Comple	(a)Current year		nor year				I)Three years back	(e)Four ye	ars hack
<b>La</b> Bed	ginning of year balance	(a)current year	(5).1	ioi yeai	15 (6)	jiwo years i	Jack (C	Tyrriice years back	(C) our ye	ars back
	ntributions									
	t investment earnings, gains, and ses									
<b>d</b> Gra	ants or scholarships									
	ner expenditures for facilities d programs									
<b>f</b> Adı	ministrative expenses									
	d of year balance									
2 Pro	vide the estimated percentage of the	current year end bala	ance (lır	ne 1g, co	lumn (a	a)) held as				
	ird designated or quasi-endowment ►	•	,		,	••				
	manent endowment 🕨									
<b>c</b> Ten	nporarily restricted endowment February and 2c	should equal 100%								
<b>3a</b> Are	there endowment funds not in the pos anization by		nızatıon	that are	held ar	nd admınıs	tered f	or the	Yes	No
	unrelated organizations							За	(i)	
	related organizations							За	(ii)	
	Yes" on 3a(II), are the related organiz							3	ВЬ	
	scribe in Part XIII the intended uses		endowm	ent fund	S					
Part VI			Fa waa 0	.00 Do	+ T\/	.no 115 C		000 Dowt V	line 10	
	Complete if the organization and Description of property	answered tes to i		(a) ost or othe	er basıs	(b) Cost or oth	) ner basis	Accumulated	( <b>d</b> )Boo	k value
<b>1</b> a land				(ınvestm	ent)	(othe		<del> </del>		221 004
			. ⊢			<del>                                     </del>	331,804		21	331,804
	ehold improvements		'   '⊢			1,	159,229	880,7	Z1	278,508
	pment		: ⊢				315,828	287,5	22	28,306
e Othe			·  -				567 092	<u> </u>	_	93 267

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

731,885

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1
1		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains (losses) on investments	-
b	Donated services and use of facilities	-
C	Recoveries of prior year grants	-
d	Other (Describe in Part XIII )	
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	4c
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Return.
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII ) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIII ) 4b	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5
Part	Supplemental Information	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART IV, LINE 1B	UNDER THE CURRENT COLLECTIVE BARGAINING AGREEMENT, EMPLOYERS WHO MAINTAIN NEITHER A LETTER OF CREDIT NOR A SURETY BOND MUST LEAVE A DEPOSIT WITH THE LOCAL UNION THE LOCAL UNION WILL HOLD THE MONEY IN ESCROWTO ACT AS A SURETY BOND THE AMOUNT HELD IS EQUAL TO \$8,000 PER EMPLOYEE THE DEPOSIT IS REFUNDABLE TO THE EMPLOYER UPON PRESENTATION OF EITHER A BOND OR LETTER OF CREDIT ALL INTEREST EARNED ON THE AMOUNT IS THE PROPERTY OF THE LOCAL
PART X, LINE 2	THE LOCAL FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX THE LOCAL'S RETURN IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UNTIL THE APPLICABLE STATUTE OF LIMITATIONS EXPIRE

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2015

2013

DLN: 93493105003436

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

 $\blacktriangleright$  Information about Schedule I (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

ame of the organization NITED ASSOC OF JOURNEYN	AEN 9. ADDDENTICE	: c					Employer identific	ation number
LUMBERS & STEAMFITTERS I		.5				3	35-0560994	
Part I General Inform	ation on Grants	and Assistance						
Does the organization main the selection criterial used Describe in Part IV the org	to award the grants ganızatıon's procedu	or assistance? res for monitoring the i		United States				√ Yes
			<b>omestic Governments.</b> ( dditional space is need		ization answered "Yes"	on Form 99	30, Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose of grant or assistance
TERRE HAUTE REX (1) BASEBALL 30 NORTH 5TH STREET TERRE HAUTE,IN 47809	46-3905094	N/A	8,500		FMV	N/A		SPONSORSHIP
<ul><li>Enter total number of sect</li><li>Enter total number of othe</li></ul>		_					<b>&gt;</b> <b>&gt;</b>	

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22	<u>-</u>
Part III can be duplicated if additional space is needed	

DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE LOCAL'S OFFICE

(a)Type of grant or assistar	nce	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.											
Return Reference	Explanat	ion									
PART I, LINE 2	ental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  Explanation  THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE										

THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF THE DONATION OR GRANT ALL RECORDS REGARDING THE

Schedule I (Form 990) 2015

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DLN: 93493105003436

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

## **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.

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

2015

Open to Public Inspection

Internal Revenue Service Name of the organization UNITED ASSOC OF JOURNEYMEN & APPRENTICES PLUMBERS & STEAMFITTERS LOCAL UNION 157

**Employer identification number** 

35-0560994

Pa	rt I Questions Regarding Compensation	on			
				Yes	No
1a		rovided any of the following to or for a person listed on Form II 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 idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe	reimbursing or allowing expenses incurred by all ecutive Director, regarding the items checked in line 1a?	2		
3	organization's CEO/Executive Director Check all t used by a related organization to establish compen	nsation of the CEO/Executive Director, but explain in Part III			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l payment?	4a		No
ь	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-l	based compensation arrangement?	4c		No
		provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organize	ations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line 8, did the organization also follow t	he rebuttable presumption procedure described in Regulations	ا ا		

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JOHN B STRANGE FINANCIAL	(i)	105,124	0	2,245	45,328	14,242	166,939	0	
SECRETARY/TREAS	(ii)	0	0	0	0	0	0	0	
2 GREG THOENNES BUSINESS MANAGER	(i)	113,884	0	849	47,956	14,242	176,931	0	
	(ii)	0	0	0	0	0	0	0	
3 WILBUR CROUCH III BUSINESS AGENT	(i)	104,325	0	3,090	45,328	14,242	166,985	0	
	(ii)	0	0	0	other deferred compensation  45,328				
4 STEPHEN SNYDER FIELD REPRESENTATIVE	(i)	100,744	0	263	44,014	14,242	159,263	0	
	(ii)	0	0	0	0	0	0	0	
5 DARREK DAVIS FIELD REPRESENTATIVE	(i)	100,359	0	1,132	44,014	14,242	159,747	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

## Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2015

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DLN: 93493105003436

OMB No 1545-0047

2015

Open to Public Inspection

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Name of the organization UNITED ASSOC OF JOURNEYMEN & APPRENTICES PLUMBERS & STEAMFITTERS LOCAL UNION 157

**Employer identification number** 

35-0560994

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL CONSISTS OF JOURNEY MEN, APPRENTICES, AND RETIREES WHO ARE CONSIDERED TO BE MEMBERS AS LONG AS ALL OF THEIR DUES AND ASSESSMENTS HAVE BEEN PROPERLY PAID
FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL CONSISTS OF MEMBERS WHO ARE ELIGIBLE TO VOTE FOR BOARD MEMBERS WHEN THE TIME COM ES FOR ELECTION ELIGIBLE MEMBERS ARE ALLOWED TO VOTE FOR EVERY OFFICER OF THE LOCAL
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING MEMBERSHIP APPROVAL ARE PRESENTED TO THE MEMBERS AT REGULARLY SCHEDULE D MEMBERSHIP MEETINGS CONVENED AS REQUIRED BY INTERNATIONAL AND LOCAL GOVERNING DOCUMENTS
FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 IS PROVIDED TO THE ENTIRE EXECUTIVE BOARD / FINANCE COMMITTEE OF THE LOCAL. THE EXECUTIVE BOARD AND THE FINANCE COMMITTEE REVIEW AND DISCUSS THE FORM UPON FULLY UNDERSTANDING THE COMPLETED FORM 990, THE FORM IS SIGNED BY THE BUSINESS MANAGER AND SUBMITTED TO THE IRS
FORM 990, PART VI, SECTION B, LINE 15B	THE LOCAL'S BY LAWS DEFINE THE SALARIES FOR THE LOCAL'S OFFICERS AND BUSINESS MANAGER ANY CHANGES TO THE BY LAWS MUST BE APPROVED BY THE LOCAL'S MEMBERSHIP
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE LOCAL'S OFFICE

DLN: 93493105003436

2015

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

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

Name of the organization UNITED ASSOC OF JOURNEYMEN & APPRENTICES PLUMBERS & STEAMFITTERS LOCAL UNION 157

**Employer identification number** 35-0560994

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

or more related tax-exempt organizations during the	(b)	(c)	(d)	(e)	(f)	1 (	g)
(a)  Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section (13) co	1 512(b)
						Yes	No
	MEMBER VOLUNTARY PAC ACCOUNT	IN	527		N/A		No
	_	_	_	_			

Schedule R (Form 990) 2015												Page <b>2</b>
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Ye	s" on	Form	990, Part I <sup>v</sup>	V, lın	ne 34	ŀ
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershi
				314)			Yes	No		Yes	No	
												-

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
-									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
f b Gift, grant, or capital contribution to related organization(s)				1b		No			
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No			
f d Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				<b>1</b> f		No			
g Sale of assets to related organization(s)				<b>1</b> g		No			
f h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s) . $$ .				11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)									
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No			
r Other transfer of cash or property to related organization(s)				1r	Yes				
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete									
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	ıvolved				

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

revenue) that was not a related organization. See instructions																			
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		manag ing partner?		managing partner?		managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
											1	1	İ						
			<u> </u>	_		-	1	I		<u> </u>		_							

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015