

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 www.irs.gov/form990.

	Α	For the	2015 calendar year, or tax year beginning , 2015, and endi	ng		, 20				
	В	Check is	applicable: C Name of organization Texas Lathing and Plastering Contractors Association	: C Name of organization Texas Lathing and Plastering Contractors Association						
		Address	change Doing business as		74-1172971					
	_	Name c		uite	E Telephone number					
	_	Initial re	L a a			817 461-0676				
i	_		m/terminated City or town, state or province, country, and ZIP or foreign postal code							
j	_	Amende			G Gross re	2 stains	262,034			
i			on pending F Name and address of principal officer: TODD HUNT	Way to this a		subordinates? Yes				
'	_	Applicat	P.O. BOX 152282, ARLINGTON, TEXAS 76015			s included? Yes				
•		Tay ava				s included? res I list. (see instructio				
	_	Website								
					exemption		TX			
,		art !		1932	M State	of legal domicile:				
			Summary Did to the state of th	U DDOCIT TO	ADE ACC	OCIATION ENG	ACED			
	•	1	Briefly describe the organization's mission or most significant activities: A NO				AGED			
	ž	Ì	IN THE PROMOTION AND ADVANCEMENT OF THE STUCCO, LATH, PLASTER AND	EIFS INDUS	IRY IN IE.	XAS.				
	Пa					***************************************				
	Governance	2	Check this box ▶☐ if the organization discontinued its operations or disposed			its net assets.				
		3					12			
. _	S S	4	Number of independent voting members of the governing body (Part VI, line 1b				12			
2016	iţe	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	· • • • •	5		2			
	Activities	6	Total number of volunteers (estimate if necessary)		6		12			
	ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		0			
		b	Net unrelated business taxable income from Form 990-T, line 34		7b		0			
AUG		}		Prior Y	ear	Current Ye	ear			
A	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		108,307		87,025			
	na	9	Program service revenue (Part VIII, line 2g)							
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1		4			
Ξ	ш,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,405		76,373			
\leq		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		185,713		163,402			
SCANINED		13	Grants and similar amounts paid (Part X, column (A), lines (1-3)				-			
Š		14	Benefits paid to or for members (Part IX, column (A), line 4)							
	en :	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		133,143		56,225			
	Expenses	16a	Professional fundraising fees (Part IX, column A) Line (1e) 016.							
	per	b	Total fundraising expenses (Part IX, column (D), line 25) ▶							
	Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)		75,982		47,392			
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		209,125		103,617			
		19	Revenue less expenses. Subtract line 18 from line 12		(23,412)		59,785			
•	~ 2		Total and the second se	Beginning of Cı		End of Ye				
	Assets or designations	20	Total assets (Part X, line 16)		3,817		63,610			
	Bal	21	Total liabilities (Part X, line 26)		0		8			
	Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3,817		63,602			
ı		rt II	Signature Block		0,017	 -	- 00,002			
1			ties of periury. I declare that I have examined this return, including accompanying schedules and state	monto and to	he heat of n	mu knowledge, end	holled it is			
	true	e, conec	ties of perjury, I declare that I have examined this return, including accompanying schedules and state, , and complete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any know	ledge.	ny Midwiedge and	Denei, K 10			
•		<u> </u>			7/21	117.				
,	Sig	n	Signature of officer	Da		16				
	He		1' - 11 VI - 1							
	ne.	16	Todd Hunt, President							
			Type or print name and title	ate .		, PTIN				
	Pa	id		7/15/16	Check [스) [1]	19072			
	Pre	epare	TROY SMITH		self-emp	AUYEU FUI47				
1	Us	e Oni	Firm's name TROY SMITH		n's EIN ►	047.000.07				
			Firm's address ► 1828 LAKE GLEN TRAIL, MANSPIELD, TEXAS 76063	Pho	ne no.	817 239-97				
	Ma	v tne il	S discuss this return with the preparer shown above? (see instructions)			⊮ Yes	: ☐ No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Cat. No. 11282Y

Part		rogram Service A		sia Dort III	
1	Briefly describe the org			nis Part III	· · · · · · · · · · · · · · · · · · ·
1	A NON-PROFIT TRADE				
	A NON-FROITS TRADE				

2	Did the organization u	ndertake anv signifi	cant program services during the	ne year which were not listed on the	
_				[ີYes ເປັNo
	If "Yes," describe thes			•	
3	Did the organization	cease conducting.	or make significant changes	in how it conducts, any program	
_	services?			[Yes V No
	If "Yes," describe thes			•	
4		•		of its three largest program services, a	as measured by
•				eport the amount of grants and alloca	
			r each program service reported		,,
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	. 5		
42	(Code:) (Ex	nenses \$	including grants of \$) (Revenue \$	
74	(0000.	ροποσο Ψ	moldding grants or \$	/ (Noveride Φ	/
	*				
				**	
				*	
				*	
46	/Onder \/ (Fu		in alumina anno as ¢	\ (Davienus &	
40	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$)

	(Codo: \/Ev		including grants of \$	\ (Payanya ¢	
4c	(Code:) (Ex	penses \$	including grants of \$) (Hevelide \$	/
	*				
	Other and the second se	/D===dt== t= 0.1	4.45.0)		
4d	Other program services			nuo ¢	
	(Expenses \$	including gra	nts of \$) (Reve	nue \$)	
4e	Total program service	expenses >			

Part	IV Checklist of Required Schedules			
	to the appropriation described in section 504(s)/0) on 4047(s)/1) (athor there a private foundation)0 (5 6)/os 8		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		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	1
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		~
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		
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		-
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		V
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	V	
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		~
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		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
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	 !	~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		,
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	-	V
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		~
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		~
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	~	
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		~

Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
00		22	 	~
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		,
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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		,
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
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	054		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
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		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-55		<u> </u>
	Part I	31		1
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		v
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? <i>If</i> "Yes," complete Schedule R, Part I	33		V
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	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
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	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>. [</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		l	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ	l	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
22	reportable gaming (gambling) winnings to prize winners?	1c	1	} -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	l	Ì
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 2 2 2 3 2 4 2 4 2 5 2 6 2 7 2 7 2 8 2 8 2 8 2 8 2 8 2 8			-v mr
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	~	├
За		30		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	 -	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	┢╾
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	·)	
	account)?	4a	}	10
b	If "Yes," enter the name of the foreign country: ▶			 -
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		}]
	(FBAR).	. '	ļ	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a]	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		
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		4 302 4 m .	
	and services provided to the payor?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١.
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	~
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	ļ	
 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	ļ <u></u>	
•	sponsoring organization have excess business holdings at any time during the year?	8	# ## # A ~ A A	
9	Sponsoring organization have excess business holdings at any time during the year?	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Na	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	,		j
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	,]		1
	Section 501(c)(12) organizations. Enter:	.]		
	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them.)	PR-AL #4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ĺ
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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ĺ
	Note. See the instructions for additional information the organization must report on Schedule O.	. 1		1
	Enter the amount of reserves the organization is required to maintain by the states in which			l
	the organization is licensed to issue qualified health plans	. 1		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	ee in:	struct	ions.
Secti	on A. Governing Body and Management			
4	Fotos the number of voting manches of the necessity in body at the and of the tourself.		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.			,
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	, 	
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		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	<u> </u>
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	1	
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	,	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ءد ده		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
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		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	**	<u></u>
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		~
14 15	Did the organization have a written document retention and destruction policy?	14	-	>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_ #:#bridge	3 سىد 1
a	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	with a taxable entity during the year?	16a		<u>~</u>
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		ۇ مەھەرىك ئىنىدا
Section	on C. Disclosure	יסה		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation TROY SMITH, 1828 LAKE GLEN TRAIL, MANSFIELD, TX 76063 (817) 239-9717	cords	>	_

_	-
Dana	•
ago	

	<u> </u>	
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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Chock the box in tokiner the organization the					C)					
(A)	(B)		-4 -1		ition	e than o		(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any		-	_	т—	or/trus	-	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	 	ļ		-		-	-			
(1) TODD HUNT, PRESIDENT	4			1		:		 	o	0
(2) TANNER SPEARS, VICE PRESIDENT	3			,				0	0	0
(3) CHAD DUPREE, SECRETARY-TREASURER	3			,				0	0	0
(4) RICK BLACKBURN, IMMEDIATE PAST PRES	3			,				0	0	0
(5) AMBER DAVIS, DIRECTOR	2	~						0	0	0
(6) ANDY BOYD, DIRECTOR	2	v						0	0	o
(7) RICK WILLIAMS, DIRECTOR	2	,						0	0	0
(8) RANDY NEWMAN, DIRECTOR	2	V						0	0	0
(9) JOE KERLEE, DIRECTOR	2	~						0	0	0
(10)MARK KOSKI, DIRECTOR	2	V						0	0	0
(11)DAVID LONG, DIRECTOR	2	٧						o	0	0
(12)BRUCE HONORE, DIRECTOR	2	~				_		0	0	0
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (cor	ntinued)
	' (A) Name and title	(B) Average hours per	Average box, unless person is box officer and a director/tr					an	(D) Reportable compensation from	(E) Reportable compensation fror related	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	other compensation from the organization and related organizations
(15)								-			
(16)											
(17)											
(18)								_			
(19)											
								-			
						_					
									<u> </u>		
						_					
(25)											
1b	Cub total								0		0 0
c d	Sub-total	VII, Section	n A				: - <u>:</u>	>	0		0 0
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mp	loyee, or high	est compensa	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	
	n B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Repyear.										
	(A) Name and business add	ress			_				(B) Description of se	ervices	(C) Compensation
NONE											
2	Total number of independent contracto							th	ose listed abo	ove) who	
	received more than \$100,000 of compensation	ation from t	he org	gani	zati	on I	<u> </u>		00		5 000 (0015)

Part \	VIII	Statement of Revenue	to any line in this	Part VIII		<i>.</i> . <u>. 口</u>
	•	Check if Schedule O contains a response or note	(A) Total revenue	Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaigns 1a Membership dues 1b 85,82 Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1,20		revenue		
ng gr	g	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	87,025			`
Program Service Revenue al	2a b c d	Business Code				La Calqueller of 2019 Colgania (
ē.	f	All other program service revenue . Total. Add lines 2a-2f	,			<u> </u>
Other Revenue	t	Investment income (including dividends, interest and other similar amounts)		13		76,273
	102	See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Co a b All other revenue	ode	00 100	and the state of t	
	- 1	e Total. Add lines 11a-11d	162.4	.02 100		76,277
	12	Total revenue. See instructions	▶ 163,4	100		Form 990 (2015)

Part IX Statement of Functional Expenses

Sectio	on_501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organizatıol	ns must complete c	olumn (A).
	· Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, o, 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	Grants and other assistance to domestic individuals. See Part IV, line 22				a .
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	44,430			
9	Other employee benefits	5,673			
10	Payroll taxes	6,122			
11	Fees for services (non-employees):				
а	Management			<u></u>	<u> </u>
b	Legal			<u> </u>	
C	Accounting	4,600		<u> </u>	<u></u>
d	Lobbying			·	<u> </u>
e	Professional fundraising services. See Part IV, line 17		- 		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	651			
12	Advertising and promotion				
13	Office expenses	3,167		<u> </u>	
14	Information technology	4,297			
15	Royalties				
16	Occupancy	5,366			
17	Travel	806			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	322			
20	Interest				
21	Payments to affiliates	<u></u>			
22	Depreciation, depletion, and amortization .				
23	Insurance	6,991			
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.)		!	,	
_	· ·	2 050		<u> </u>	
a	Credit Card Processing Fees	3,850 17,005			
b	Dues and Subscriptions	17,005	 -		
c d			 :		
e	All other expenses	337			
25	Total functional expenses. Add lines 1 through 24e	103,617			 -
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)		÷		

34

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 904 60,551 Cash—non-interest-bearing 1 Savings and temporary cash investments 1,129 2 3,059 2 3 3 Pledges and grants receivable, net 1.784 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 41,052 10b 41.052 Less: accumulated depreciation 10c b Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . Investments-program-related. See Part IV, line 11. 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 3,817 16 63,610 16 Total assets. Add lines 1 through 15 (must equal line 34) ol 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 63,602 3,817 33 33

63,602

3,817

34

_	4	•
Page		7

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				3,402
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		_ 10	3,617
3	Revenue less expenses. Subtract line 2 from line 1	3			5	9,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				3,817
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			6	3,602
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>				
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		}		-	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			`
	Schedule O.		}			albamaca d
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:		i		1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				. au . aaaa .	د حصا بالماد
þ	Were the organization's financial statements audited by an independent accountant?		. L	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	а			ī
	separate basis, consolidated basis, or both:		}	j		'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				100 L_1	. 14.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		ht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗀			
	Schedule O.				- 1 4-	telelian t
За	As a result of a federal award, was the organization required to undergo an audit or audits as set			j		
	the Single Audit Act and OMB Circular A-133?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		
				Form	990	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

1

20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at 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 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

. 42) (4	ce sepurate manaciona, t	11611				
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
	of organization			Employer ide	ntification number	
		NG CONTRACTORS ASSOCIATION			74-1172971	
Part		e organization is exempt und			organization.	
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.		
2	Political expenditures .				S	0
3	Volunteer hours				0	
Part		e organization is exempt und				
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🤄	3	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	3	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes	No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part	IV.				
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).	
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function		
						. 0
2		filing organization's funds contrib				
		ivities			i	0
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,		
	line 17b			🕨 \$	i	0
4	Did the filing organization	n file Form 1120-POL for this year	?		· · Yes	No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all so	ection 527 political organi	zations to which the	filing
		ents. For each organization listed,				
		ontributions received that were pro				
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of politic	al
	(a) Name	(b) Address	(O) LIN	filing organization's	contributions received	and
				funds. If none, enter -0	promptly and directly delivered to a separa	
				1	political organization.	
		l			none, enter -0	_
(1)						
(1)						
(2)			1			
(2)						
(3)						
(9)						
(4)						
(4)						
(5)						
(5)						
(6)						
(6)				1	1	

Page	2

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
	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).					
<u>B</u>	Check ► ☐ if the filing organization che			trol" provisions a	apply.	
	Limits on Lobby (The term "expenditures" me			.)	(a) Filing organization's totals	(b) Affiliated group totals
	a Total lobbying expenditures to influence			<u> </u>		
	b Total lobbying expenditures to influence					
	c Total lobbying expenditures (add lines 1a					
	d Other exempt purpose expenditures	•				
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter the columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.]	
	Over \$17,000,000	\$1,000,000.			ļ	
	g Grassroots nontaxable amount (enter 25%	6 of line 1f)				
	h Subtract line 1g from line 1a. If zero or les	s, enter -0-		<i></i>		
	Subtract line 1f from line 1c. If zero or less	s, enter -0-				
	i If there is an amount other than zero of reporting section 4911 tax for this year?		e 1h or line 1i, dic			Yes No
	(Some organizations that made a sect	r Averaging ion 501(h) e	Period Under sec	tion 501(h) e to complete all		ns below.
	Lobbying I	Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))		-			
	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
or e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	9)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			us B. doub Po.	anan ar	٠
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	-				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	-				
1		-				
J 2a	Total. Add lines 1c through 1i		خبي.			_
za b	If "Yes," enter the amount of any tax incurred under section 4912	\vdash		*** - £ 14		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	a stor ente	Florida to a		,	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), c	or se	ction		
	501(c)(6).	7,(-), -				
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		V
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		~
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line (3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	- ,			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total	[2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
_	and political expenditure next year?	•	4			_
5	Taxable amount of lobbying and political expenditures (see instructions)	·	5			
Part		لما المدد	\. D	4 11 A 11	1	
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup iist);	t II-A, II	nes i	ana

	n 990 or 990-EZ) 2015	Page 4
Part IV		
	•	

		,

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION 74-1172971 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X

_				•
۲	а	a	е	4

Par	III Organizations Maintaining	Collections of	Art, His	torical 7	Treasures	, or O	her Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot						
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations	S						
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the ore	ganization's ex	empt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other sin	nilar
	assets to be sold to raise funds rather	r than to be mainta	ined as	part of the	e organizat	ion's co	illection? .	· 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	angements.						
	Complete if the organization	answered "Yes"	" on For	m 990, I	Part IV, lin	e 9, or	reported an	amount on Form
	990, Part X, line 21.							
1a	<i>y y y</i>							
	included on Form 990, Part X?					• •		· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete tne to	ollowing to	able:	Γ	<u> </u>	Amount
_	Paginning balance					4.		Amount
C	Beginning balance					10		·
d	Additions during the year					10		
e f	Distributions during the year					16		
2a	Ending balance							ity2 🗍 Ves 🗍 No
	If "Yes," explain the arrangement in P	•		•				•
Par		art XIII. Oncor nor	011 (110 0	принино	ii iido been	provid	ou on i di exili	· · · · ·
	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. lin	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years b	ack (e) Four years back
1a	Beginning of year balance							
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							
2	Provide the estimated percentage of t			e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment	<u></u> %						
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ie organi	zation the	at are held	and ad	ministered for	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
_	(ii) related organizations							. 3a(ii)
_	If "Yes" on line 3a(ii), are the related o	•	•			• •		. <u>3b</u>
4	Describe in Part XIII the intended uses	<u>_</u>	on's endo	wment to	unas.			
Part	, , , , ,		' on For	000 F	Don't IV/ Line	. 11.	Cas Farm 00	Dort V line 10
	Complete if the organization				or other basis			
	Description of property	(a) Cost or oth			ther)		Accumulated epreciation	(d) Book value
1a	Land	·						
b	Buildings	·						
C	Leasehold improvements	•			44 050		44.050	
d	Equipment	•			41,052		41,052	0
е.	Other	.	20 5 ()		(D) II = 11	1-1		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	30 <u>,</u> Part)	k, column	ı (<i>B), iin</i> e 10	<i>IC.</i>)	<u>P</u>	0

Part VII	Investments—Other Securiti				
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or cate (including name of security)	gory	(b) Book value		nod of valuation: of-year market value
(1) Financia	derivatives				
	neld equity interests				
(3) Other	··				
(A)			<u></u>		
(B)	·				
(C)					
(D) (E)					
(F)	~				
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)	>			
Part VIII	Investments-Program Rela				
	Complete if the organization a		m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)					···
(2)					
(3)					
(4)					
(5)	······································				
(6)					
	·—				
(8)					
(9)	blanch and Francisco Bart V and Milliand Ol			·	
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)				
Partix	Other Assets.	noward "Vac" on Far	000 David IV line	444 0 5	000 Dady Bas 45
	Complete if the organization a	(a) Description	m 990, Part IV, line	11a. See Form	(b) Book value
<u>(1)</u>		(b) Description			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		<u> </u>			
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X	, col. (B) line 15.)	<u> </u>	. >	
Part X	Other Liabilities. Complete if the organization alline 25.	nswered "Yes" on For	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			· .
(1) Federal in					- ,
(2)			· ·		· · ·
(3)		- 		•	•
(4)					,
(5)				,	,
(6)					
(7)				,	· · · · · · · · · · · · · · · · · · ·
(8)				*	, , ,
(9)				3	
	o) must equal Form 990, Part X, col. (B) line 25.)			1	. * .,
2 Liability for	uncertain tay positions. In Part YIII pr	avide the text of the feetne	to to the organization's	financial statemen	to that raparts 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

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	j	1
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	_2a	-
b	Prior year adjustments	2b	-
C	Other losses	2c	-
ď	Other (Describe in Part XIII.)		
_	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:	1	1)
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	-
b	· · · · · · · · · · · · · · · · · · ·		
с 5	Add lines 4a and 4b		4c 5
	XIII Supplemental Information.	10 10.9 1 1 1 1 1 1 1	131
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1b and 2	b: Part V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
		•	
			·
. 			
·			

Schedule D (Fo	rm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
,	•	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION 74-1172971 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants b ☐ Phone solicitations g

Special fundraising events C ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity from activity or entity (fundraiser) organization col. (i) Yes No 1 2 3 5 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
 •		<u> </u>	(a) Event #1 CONVENTION (event type)	(b) Event #2 FALL EVENTS (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	130,465	44,440		174,905
u.	2	Less: Contributions Gross income (line 1 minus line 2)	130,465	44,440		174,905
	4	Cash prizes	940			940
	5	Noncash prizes	5,670	3,544		9,214
Direct Expenses	6	Rent/facility costs	52,676	6,279		58,955
	7	Food and beverages	8,706	1,404		10,110
	8	Entertainment	2,185	0		2,185
	9	Other direct expenses .	14,042	3,186		17,228
Pa	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)	<u> ▶</u>	98,632 76,273 reported more
_		than \$15,000 on Form 99			, , , , , , , , , , , , , , , , , , , ,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
B	1	Gross revenue				<u> </u>
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	
	a Is		onduct gaming activities	s in each of these states	3?	🗌 Yes 🗌 No
10		ere any of the organization's g	aming licenses revoked	, suspended or termina	ted during the tax year?	? . 🗌 Yes 🗌 No

ocnedu	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ▶
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE 0 (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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

► 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 Inspection

TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION	74-1172971
The organization maintains copies of its governing documents and financial statements which ar	e available for public inspection
upon request.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

E

ල

€

2

9

8

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.

	<u>ડ</u>
D	E
T	О
02	Ę
GA1	Š
	2

OMB No. 1545-0047

Inspection

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity **Employer Identification number** 74-1172971 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets PrivateFoundation N/A Public chanty status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)(3) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Texas Primary activity Educational TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION (a)
Name, address, and EIN (if applicable) of disregarded entity (1) Texas Lathing & Plastering Educational Foundation EIN#42-1544204 P.O. Box 152282, Arlington, TX 76015 (a)
Name, address, and EIN of related organization Name of the organization Part 1 Part II

ŝ

7

Schedule R (Form 990) 2015

Cat. No. 50135Y

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

€

ල

2

<u>ග</u>

9

ε

entity unreliefed, income year assets allocation? The organization answered "Yes" on Form 990, Par asset asset on the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of state of templete if the organization answered "Yes" on Form 990, Par asset of templete if the organization and templete if the organization	In 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. (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ons Taxable a	as a Partnersh reated as a par (d)	hip Complete tnership duri (e) Predominant	te if the or	ne organizatio	ion answered "Yes" or (g) (h) Share of end-of- Disproportionate	d "Yes"	on Form 990, F	, Part IN	t IV, line (i) General or	34 - (k) Percentage
mizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or rust during the tax year. (Corp., Scop. or trust) Primary activity State of torigin control State of torigin control State of torigin control			entity	income (related, unrelated, excluded from tax under sections 512-514			year assets	allocations			- L	ownership
Inizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or trust during the tax year. Object controlling										2	_ [
nizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or frust during the tax year. Primary activity Legal Good Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or frust during the tax year. Primary activity Legal Good Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations freated as a corporation or frust during the tax year. Primary activity Legal Good Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations freated as a corporation or frust during the tax year. Primary activity Legal Good Complete if the organization answered "Yes" on Form 990, Part IV, nore related organization or frust Complete if the organization answered "Yes" or frust in the complete if the organization answered "Yes" or frust in the complete if the organization answered "Yes" or frust in the complete in the compl											<u> </u>	
anizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or trust during the tax year. (corp. Sorp. or trust)											ļ	
anizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, to re related organizations treated as a corporation or trust during the tax year. (b) Primary activity (comp. S cop. or trust) (cop. or trust) (cop. S cop. or trust) (cop. or trust) (cop. or trust) (cop. S cop. or trust) (cop. or trust												
anizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nore related organizations treated as a corporation or trust during the tax year. (b) Primary activity (Coop, Scop, or trust) (Coop, Scop, o												
Anizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, note related organizations treated as a corporation or trust during the tax year. (b) Inage of total controlling (state of foreign country) Engaldomicle (state of foreign country) (C corp. S corp. or trust)											<u> </u>	
Torn anizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Torn anizations treated as a corporation or trust during the tax year. (b) Finnary activity (controlling that year. (controlling that year. (controlling the tax y										<u> </u>	<u> </u>	
(c) (d) (e) Direct controlling Type of entity (C) Corp., S corp. or trust)	rganizati r more re	ons Taxable a	ions treated a	ion or Trus	t Completition or tru	te if the or	ganizatio the tax ye	answer aar.	ed "Yes" on	Form 9	90, Pa	ırt IV,
 		(b) Primary activity	(c) Legal domk (state or foreign i			(e) Type of en (C corp, S corp,			(g) Share of nd-of-year assets			(f) tion 512(b)(13) controlled entity?
											\	\vdash
												
						:						
						Į						<u> </u>

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				<u>`</u>	Yes No	0
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?	r more related organ	izations listed in Parts	: II-IV?		-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•	•	1a	7	١.
b Gift, grant, or capital contribution to related organization(s)	•			1b	,	l.
e Giff grant or capital contribution from related organization(s)				10	1	I.
	•		•	200	1	I.
				<u> </u>	· `	١,
e Loans or loan guarantees by related organization(s)				<u>e</u>	>	
f Dividends from related organization(s)	•	•	•	#	<i>'</i>	
				Ş		١.
		• • • • • • • • •		2 :	•	Ι,
h Purchase of assets from related organization(s)				£	7	
i Exchange of assets with related organization(s)	•	•		=	7	
i Lease of facilities, equipment, or other assets to related organization(s)	•	•	•	:	7	
			•		-	1
k Lease of facilities, equipment, or other assets from related organization(s)				14	7	•
1 Performance of services or membership or fundraising solicitations for related organization(s)			•	11	7	
m Performance of services or membership or fundraising solicitations by related organization(s)	•			111	7	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		•		1n	>	
o Sharing of paid employees with related organization(s)				10	7	l.
					,	ľ,
p Reimbursement paid to related organization(s) for expenses		•		1 p	7	、I
q Reimbursement paid by related organization(s) for expenses				19	7	
					ي	
r Other transfer of cash or property to related organization(s)				1r	7	
s Other transfer of cash or property from related organization(s)	•			18	7	
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.	mplete this line, inclu	uding covered relations	ships and transaction	on thres	holds.	
(2)	3	9	6			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount i	involved	_
Texas Lathing & Plastering Educational Foundation - Texas Lathing and Plastering Contractors Association solicits scholarship donations for the Educational Foundation (1)		4,556				
Texas Lathing & Plastering Educational Foundation - All expenses borne by Texas Lathing and Plastering Contractors Association (2)	c	0				
(6)				į		
(4)				ļ		
(5)	}		0 d			
(9)				,		
			Schedule R (Form 990) 2015	R (Form	990) 20	3

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

Code visual	(a) (b) (c) (d) (e) (f) (d)	(2	(0)	5	(9)	€	(b)	3	6	8	8
Property of the control of the con	ne, address, and EIN of entity		Legal domicile	Predominant	Are all partners		Share of	Disproportionate	Code V – UBI	_	Percentage
Yes No Yes No			(state or toreign country)	unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1		ownership
				sections 512-514)	Yes No			Ž	(Form 1065)		
											1
		•									

Schedule R (F	Form 990) 2015	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
	,	