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EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990.

Open to Public Inspection

	. 01 (11	e 20 to calendar year, or tax year beginning	rending		
В	Check if applicat	C Name of organization		D Employer identifi	cation number
	Addr	PLUMBERS AND PIPERITIERS LOCAL 525			
L	Name	ge Doing business as] 88-0	030428
	initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final	760 NORTH LAMB BOILEVARD	ļ	(702	
k	lreturr termi ated		<u> </u>	G Gross receipts \$	3,963,751.
	Amer				
` :	ireturi Appli			H(a) Is this a group re	
┕	tion pend	F Name and address of principal officer PATT DIDON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		tempt status 501(c)(3) _X 501(c)(5) ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list (see instructions)
J	Webs	ite: ► WWW.LOCAL525.ORG		H(c) Group exemptio	
K	Form o	forganization: Corporation Trust Association X Other ►UNI	ON L Yea	r of formation: 1938 N	A State of legal domicile: NV
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities TO E	NGAGE	IN THE NEGO	TIATION OF
ر Governance	'	WAGES, FRINGE BENEFITS AND SAFE WORKING	CONDT	TIONS AND TO	PROVIDE
īā	1	Check this box If the organization discontinued its operations or dispo			
ě	2		sea oi Turo		13
ුල්	3	Number of voting members of the governing body (Part VI, line 1a)		3-	
	14	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
Se.	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	23
⊙₹	6	Total number of volunteers (estimate if necessary)	['2'	1 7 2 25/2 (6)	0
Activities 8	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٠,	l b	Net unrelated business taxable income from Form 990-T, line 34		-·- ~ 7b	0.
<u>`</u>				Prior Year	Current Year
⊃	8	Contributions and grants (Part VIII, line 1h)	`		0.
Ž	9	Program service revenue (Part VIII, line 2g)		4,274,032.	3,868,470.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\vdash	5,293.	12,183.
يّ بدّ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	90,605.	83,098.
		* * * * * * * * * * * * * * * * * * * *		4,369,930.	3,963,751.
;	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		482,727.	646,330.
•	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	562,691.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	⊢		442,011.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,587,868.	1,514,450.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		\$ ' - '
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,441,802.	1,483,368.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L	4,075,088.	4,086,159.
	19	Revenue less expenses Subtract line 18 from line 12		294,842.	-122,408.
ets or	3		В	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		8,802,229.	8,730,428.
ASS	21	Total liabilities (Part X, line 26)		195.	50,802.
Net Asse	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	8,802,034.	8,679,626.
	art II			0,002,0011	0/0/5/0200
		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments and to the best of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and belief, it is
1100	, соп	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	mon prepare	1.1.1.	
۵.		Signature of officer		Date 1	<u> المالة</u>
Sig		Matt I am had		Duto, ?	
He	re	Matt Lyden, Business Manager			
		Type of print name and title	Note	T BTIM	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		GLENN L. GOODNOUGH, CPA	PQ	11/02/16 "self-employe	
	parer	Firm's name STEWART, ARCHIBARD & BARNEY, LL		Firm's EIN ▶	88-0382649
Use	Only	Firm's address 7881 W. CHARLESTON BLVD., SUITE	250		
		LAS VEGAS, NV 89117		Phone no. (7	02)579-7000
Ма	y the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2015) PLUMBERS AND PIPEFITTERS LOCAL 525	88-0030428	Page 2
Pai	rt ill Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO ENGAGE IN THE NEGOTIATION OF WAGES, FRINGE BENEFITS		
	WORKING CONDITIONS AND TO PROVIDE WAYS AND MEANS FOR TH		
	OF THE BEST INTEREST OF THE TRADES AND TO MAKE AND USE		BLE
	EFFORT TO SECURE THE PASSAGE AND ENFORCEMENT OF SUCH SA	NITARY AND	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	L tes	LA_I NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
•	If "Yes," describe these changes on Schedule O	1es	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense:	3
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	·, · · · · · · · · · · · · · · · · · ·	
4a	(Code) (Expenses \$ Including grants of \$) (Reven	ue \$)
	REPRESENTATION IN NEGOTIATIONS FOR WAGES, FRINGE BENEFI	TS AND WORKI	NG
	CONDITIONS.		
			
			
			
	(Code) (Expenses \$ including grants of \$) (Reven		
40	(Code) (Expenses \$		H ,
	AND SAFETY.	LODDIC HERIEI	
			
	` <u> </u>		
			
4c	(Code) (Expenses \$ including grants of \$) (Revenous DEATH BENEFITS PROVIDED SURVIVORS OF DECEASED UNION MEM.)
	DEATH BENEFILS PROVIDED SURVIVORS OF DECEASED UNION MEM.	DEVO.	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		00 (0017)
53200	2	Form 9	90 (2015)

	•		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_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}	}	1
_	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	1		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	}	,	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Ì
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			[
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
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		Ì	.
	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	11c		_X_
u	Part X, line 169 If "Yes," complete Schedule D, Part IX			v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	<u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	^	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''	-22	
124	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	ł	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ł	ĺ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ŀ	l	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	j)	
	complete Schedule G, Part III	19	202	<u> </u>
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Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	Х	
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		Х
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				
	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		X
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		X
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	12		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

Par				
	Check if Schedule O contains a response or note to any line in this Part V		T.,	
4-	Enter the number reported in Pay 2 of Form 1006. Enter, 0 if not applicable	4	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	ł	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	씍	1	1
С	(gambling) winnings to prize winners?	1c	x	}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	<u>^</u>	-
La		23	1	1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	}	X
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)	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	Ì		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1)
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	_ [
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7 <u>c</u>		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year Put the eventualities receive any funds, divisibly or individually to pay promium on a personal hopefit contract?			L
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	110		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	- [
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the			
ь	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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 13	j. 4	S							
	If there are material differences in voting rights among members of the governing body, or if the governing		2 - 1	35						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1. The state of th	. * '						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	امرار ين ر	*	, .						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		3 v							
	officer, director, trustee, or key employee?	2		X						
3	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		Х						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	_X_	_						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	. ,								
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	62è	*	-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	- 1	ŀ							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent		-1 							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13:55	Act.							
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	4						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		数次	<u>.</u>						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		.35 3 0.38 3							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	. S	210°	- : -						
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X 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	financ	al							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	PLUMBERS & PIPEFITTERS LOCAL 525 - (702)452-1520									
	760 N. LAMB BLVD, LAS VEGAS, NV 89110									

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an				than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer B B B B B B B B B B B B B B B B B B B	recto	Highest compensated http://www.	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ERIC RUBECK PRESIDENT	2.00	x		x				14 751	0.	6 566
(2) KEITH DEVINE	2.00	A	Н	Δ	⊢	┢	├	14,751.	<u></u>	6,566.
VICE PRESIDENT	2.00	x		х	l]		0.	0.	0.
(3) JON MADDEN	2.00	-	Н		 	┢	-		0.	
FINANCIAL SECRETARY	2.00	x		х		ĺ	•	12,624.	0.	4,489.
(4) KARETA SUA	2.00	-			\vdash	\vdash	-	12,024.		3,309.
TREASURER	200	\mathbf{x}		х		ł		0.	0.	0.
(5) MURREL ORR	40.00	-	\dashv			\vdash	-			
BUSINESS AGENT - A		x		x	ĺ	ļ		133,390.	0.	78,106.
(6) DAVID WOOD	40.00					T				70,200
BUSINESS AGENT - B		X		х	l			135,857.	0.	78,106.
(7) MATT LYDON	40.00					T				
BUSINESS MANAGER		Х		X	'	1		151,321.	0.	81,209.
(8) JOHN ALLEN	2.00					T				
EXECUTIVE BOARD		X				1	}	3,008.	0.	615.
(9) WILLIAM HERN	2.00									
EXECUTIVE BOARD		X				L		0.	0.	0.
(10) ORLANDO ROBINSON	2.00									
EXECUTIVE BOARD		X			L_	L_		0.	0.	0.
(11) BERT LUCAS JR	2.00			!	<u> </u>	Ì				_
EXECUTIVE BOARD/PAC CHAIRMAN		Х			_	<u> </u>	<u> </u>	1,300.	0.	270.
(12) DAVID JOHNSON	2.00					1	ŀ	225		
RECORDING SECRETARY		Х	_	_	<u> </u>	L.	L.	236.	0.	115.
(13) JERRY BALLARD	2.00	,		, 1			ļ			•
INSIDE DOOR GUARD		X		_	<u> </u>	<u> </u>		0.	0.	0.
	ļ									
			\vdash		<u> </u>	 	 			
]			
			$\vdash \vdash \mid$		 					
	}					[
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					ĺ					
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532007 12-16-15

Form 990 (2015)

Section A. Officers, Directors, Tr		ploy	ees		_	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)	l			C)			(D)	(E)		(F)	-
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	е	Estimat	ed
	hours per	box	, unle	ss pe	rson	ıs boti	h an	compensation	compensati	on	amount	of
	week		T a	1020	II GC (C	ii/tius	lee,	from	from relate		other	
	(list any hours for	director	1	l		1		the	organization			
	related	ē	g	[}	ated		organization	(W-2/1099-M	ISC)	from th	
	organizations	ustee	trust	l	, ,	ige .		(W-2/1099-MISC)	[organiza	
	below	ag d	tronal	ł	ploye	t con	L	İ	1		and relation	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	1		Organizat	0113
		Ī	-		Ť	- 63						
		-	-	<u> </u>	-	├	-	ļ			<u> </u>	
		_	_	_	_							
	ļ	{]	
			-									
				_	_	-						
								<u> </u>				
		$\left\{ \right.$						}				
		_		<u> </u>				 				
		-	-	├	_	-		 				
		1_	_	_	_		L					
		1										
1b Sub-total					L	_	•	452,487.		0.	249,4	
c Total from continuation sheets to Part	VII, Section A							0.		0.	·	0.
d Total (add lines 1b and 1c)							▶	452,487.		0.	249,4	<u> 76.</u>
2 Total number of individuals (including but	t not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportat	ole		
compensation from the organization												3
										,	Yes	No
3 Did the organization list any former office			e, ke	ey er	nplo	yee,	orl	highest compensated e	mployee on	ŀ		
line 1a? If "Yes," complete Schedule J fo								_		- 1	3	X
4 For any individual listed on line 1a, is the	-							•	the organization	' I		
and related organizations greater than \$										1	4 X	
5 Did any person listed on line 1a receive o					•		elate	ed organization or indivi	idual for services	š į		
rendered to the organization? If "Yes, " co Section B. Independent Contractors	omplete Schedul	e J f	or și	uch	pers	son					5	X
1 Complete this table for your five highest	•								•	npens	ation from	
the organization Report compensation for	or the calendar y	ear e	endi	ng v	vith (or w	<u>ıthın</u>		year			
(A) Name and busine	se address	NIC	NI	-			-	(B) Description of s	envices		(C) ompensatio	n
Traine and Beame		140	71/1		_		+					
							\dashv	 			- 	
	·						T					
										 		
							-			ļ		
											3 . v ⁻¹ ²	
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	mite	a to	-	se lis)	sted 	l above) who received in	nore than	4. 44	建立	* * * * * * * * * * * * * * * * * * *
32008											Form 990 (2	2015)

12-16-15

	•	Check if Schedule O conta	ains a response (or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
rar Luc		Membership dues	1b		1			
G E		Fundraising events	10		1			
# is		Related organizations	1d		1			
S.E		Government grants (contributi			1			
Sign	f	All other contributions, gifts, grant			†	1		
is a	•	similar amounts not included above	1 1		}			}
ĒÖ	a	Noncash contributions included in lines	——————————————————————————————————————		†]		
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			Ì]		
				Business Code				
<u>و</u> ا	2 a	MEMBERSHIP DUES			3,868,470.	3,868,470.		
اھ جَ	b							
Program Service Revenue	С			_				
e a	d							
P. G	е							
4	f	All other program service reve	nue					
]	g	Total. Add lines 2a-2f			3,868,470.			
	3	Investment income (including	dividends, intere					
		other similar amounts)		>	12,183.			12,183.
	4	Income from investment of tax	c-exempt bond p	roceeds				
)	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents	24,257.]]		
Ì	b	Less rental expenses	0.]]		
]	С	Rental income or (loss)	24,257.]		_	
j	d	Net rental income or (loss)		<u>></u>	24,257.	24,257.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other]			
1		assets other than inventory			_]
Ì	b	Less cost or other basis			Ì			Į.
Ì		and sales expenses			j]]
Ì	C	Gain or (loss)]	_		-
i	d	Net gain or (loss)		<u></u>				
e l	8 a	Gross income from fundraising	g events (not		1]		1
Other Revenu		including \$	of					1
è		contributions reported on line	1c) See					Ì
ē		Part IV, line 18	а		}]		Ì
₹		Less direct expenses	b		1	}		
_		Net income or (loss) from fund	_					ļ
	9 a	Gross income from gaming ac	tivities See]		
		Part IV, line 19	a		-			}
		Less direct expenses	b	L	-			1
		Net income or (loss) from gam			 			
	10 a	Gross sales of inventory, less		11 061]
		and allowances	a	11,961.	1]
		Less cost of goods sold	b	0.	11 061	11 061		
ŀ	<u>c</u>	Net income or (loss) from sale			11,961.	11,961.		
ŀ		Miscellaneous Revenu		Business Code 900099		10 021		}
Ì		INITIATION FEES		900099	19,921.			
ĺ		REINSTATEMENT F APPLICATION FEE		900099	18,864. 3,978.	18,864. 3,978.		
		All other revenue	in	900099	4,117.	4,117.		
ľ	_	Total. Add lines 11a-11d			46,880.	4 ,11,0		
ľ	12	Total revenue See instructions.			3,963,751.	3 953 231	0.	12,183.
53200	12-16				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>~ 1 ~ ~ ~ 1 ~ ~ + • </u>		Form 990 (2015)

					
Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			\	!
	and domestic governments. See Part IV, line 21	606,101.		<u> </u>	
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22	40,229.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	442,011.		<u> </u>	
5	Compensation of current officers, directors,				}
	trustees, and key employees	701,963.			
6	Compensation not included above, to disqualified	1			
	persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	476,783.			
8	Pension plan accruals and contributions (include	455 005			
	section 401(k) and 403(b) employer contributions)	156,395.		<u> </u>	<u> </u>
9	Other employee benefits	81,816.		 	<u> </u>
10	Payroll taxes	97,493.	. <u>.</u>	 	
11	Fees for services (non-employees)	ĺ		•	1
а	Management			ļ	ļ
b	Legal	65,045.		ļ	ļ
С	Accounting	46,466.		 	
	Lobbying			 	
	Professional fundraising services. See Part IV, line 17			ļ	
	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25,	20 150			
	column (A) amount, list line 11g expenses on Sch O.)	30,150.		 	
12	Advertising and promotion	219,936.		 	
13	Office expenses	38,927.		 	
14	Information technology	30/32/1		 	<u> </u>
15	Royalties	145,390.		 	
16	Occupancy Travel	31,396.		 	
17 18	Payments of travel or entertainment expenses			<u> </u>	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,625.			
20	Interest				
21	Payments to affiliates	526,774.			
22	Depreciation, depletion, and amortization	190,820.			
23	Insurance	54,460.			
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.)		 	<u> </u>	
а	EXECUTIVE BOARD DISBURS	53,144.			
b	WORKING ASSESSMENT	26,743.			
С	ORGANIZING EXPENSES	10,516.		<u> </u>	
d	VACATION ADMINISTRATION	1,077.		<u> </u>	<u> </u>
е	All other expenses	674.		 	
25	Total functional expenses. Add lines 1 through 24e	4,086,159.		 	ļ
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		l	<u> </u>	L

532010 12-16-15

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,593,831.	1	2,201,036.
	2	Savings and temporary cash investments	1,700,470.	2	1,950,643.
	3	Pledges and grants receivable, net		3	·
	4	Accounts receivable, net		_4_	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			-
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.	}	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 6,495,386	•		
	b			10c	4,577,975.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	774.	15	774.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,802,229.	16	8,730,428.
	17	Accounts payable and accrued expenses	195.	17	12,782.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons]	
Liabilities		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	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		1	
		Schedule D	105	25	38,020.
	26	Total liabilities. Add lines 17 through 25	195.	26	50,802.
		Organizations that follow SFAS 117 (ASC 958), check here and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
ğ		and complete lines 30 through 34.	•	_	^
šets	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	8,802,034.	32	8,679,626.
۷.	33	Total net assets or fund balances	8,802,034.	33	8,679,626.
	34	Total liabilities and net assets/fund balances	8,802,229.	34	8,730,428.

Form **990** (2015)

Form	990 (2015) PLUMBERS AND PIPEFITTERS LOCAL 525	88-00	30428	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,96	3,7	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,08	6,1	59.
3	Revenue less expenses Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,80	2,0	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	8,67	9,6	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both			,	,
	Separate basis Consolidated basis Both consolidated and separate basis				_
b	Were the organization's financial statements audited by an independent accountant?		_2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both				'
	X Separate basis Consolidated basis Both consolidated and separate basis] .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	[]		İ
	Act and OMB Circular A-133?		За		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or guides, explain why in Schedule O and describe any steps taken to undergo such audits		26		1

Form **990** (2015)

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," 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

	Section 501(c)(4), (5), or (6) organiz	ations Complete Part III			
	ne of organization			Emp	loyer identification number
	PLUMBE	RS AND PIPEFITTERS	S LOCAL 525		88-0030428
Pa	rt I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect politica	al campaign activities		6
Pa	art I-B Complete if the or	ganization is exempt unde	er section 501(c)	(3).	
		x incurred by the organization under			S
	•	x incurred by organization manage		5	S
	•	on 4955 tax, did it file Form 4720 f			Yes No
	Was a correction made?	·	•		Yes No
b	If "Yes," describe in Part IV				
Pa	irt I-C Complete if the or	ganization is exempt unde	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt func	tion activities	;
2	Enter the amount of the filing orga	inization's funds contributed to oth	er organizations for s	ection 527	
	exempt function activities			▶ \$	S
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here ar	nd on Form 1120-POL		
	line 17b			▶ \$	Yes No
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No
5		employer identification number (EIN	•		0 0
		ation listed, enter the amount paid			ne amount of political
	•	• •	. separate political oro		
	political action committee (PAC)	fadditional enaco is pooded incovi	, , ,	•	ate segregated fund or a
		f additional space is needed, provi	de information in Part	IV	ate segregated fund or a
	(a) Name	f additional space is needed, provi	, , ,	(d) Amount paid from	(e) Amount of political
	(a) Name		de information in Part	(d) Amount paid from filing organization's	ate segregated fund or a
	(a) Name		de information in Part	(d) Amount paid from	(e) Amount of political contributions received and promptly and directly delivered to a separate
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization
	(a) Name		de information in Part	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

Schedule C (Form 990 or 990-EZ) 2015

LHA

Schedule C (Form 990 or 990-EZ) 2015	PLUMBERS AN	D PIPEFITTE	RS LOCAL 525	88-	0030428 Page 2
Part II-A Complete if the org section 501(h)).	janization is exe	mpt under sectio	n sur(c)(s) and the	ea Form 5768 (election under
	tion belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's na	me, address. EIN.
	re of excess lobbying	= :	·		,,, ,
. —	, ,	nd "limited control" pr	ovisions apply		
Limr	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)	Ī		
c Total lobbying expenditures (add li	nes 1a and 1b)	, , , , ,			
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure		d)			
f Lobbying nontaxable amount Enter	•	·	th columns		
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		<u>σου στο: Φτησου,σου</u>		
0 70. \$11,000,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c If zero					
j If there is an amount other than ze		line 1. did the organiz	ation file Form 4720		
reporting section 4911 tax for this	_	, e.e a.e o.gam.			Yes No
(Some organizations the	4-Year Av	eraging Period Under 501(h) election do not ate instructions for li	have to complete all o	f the five columns	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	1				
					<u> </u>
c Total lobbying expenditures			}		
					†
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
					T
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 PLUMBERS AND PIPEFITTERS LOCAL 525 88-003042 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Ye	es," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	
of the lobby		Yes	No		ount
1 During	the year, did the filing organization attempt to influence foreign, national, state or				
local l	egislation, including any attempt to influence public opinion on a legislative matter				
or refe	erendum, through the use of				
a Volun	teers?				
b Paid s	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?	L	<u></u>		
d Mailin	gs to members, legislators, or the public?	L			
e Public	cations, or published or broadcast statements?		<u> </u>		
f Grant	s to other organizations for lobbying purposes?				
g Direct	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ĻI		
i Other	activities?				
j Total	Add lines 1c through 1i	ļ			
	e activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Ye	s," enter the amount of any tax incurred under section 4912				
	s," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>		
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>		
Part III-A		ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
	substantially all (90% or more) dues received nondeductible by members?		1	X	
	e organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did th	e organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), sect		3		Х
1 Dues,	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." assessments and similar amounts from members		1 (b) Pan	A, III	ie 3, is
2 Section	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
exper	nses for which the section 527(f) tax was paid).				
a Curre	nt year		2a		
b Carry	over from last year		2b		
c Total			2c		
3 Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If noti	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
exper	nditure next year?		4		
5 Taxab	ole amount of lobbying and political expenditures (see instructions)		5		
Part IV	Supplemental Information				
	descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group), and Part II-B, line 1. Also, complete this part for any additional information	up list), Part I	-A, lines 1 a	2 (see	

SCHEDULE D

(Form 990)

532051 11-02-15

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	t I Organizations Maintaining Donor Advise		88-0030428
Par	•		ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		(1) Fire de contratte de contra
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	nstoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	·
	year▶		•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements	_	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	, , , , , , , , , , , , , , , , , , , ,	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
	\$, ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	ganization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		2.2.2.3.3
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e-	•	
	relating to these items	, , , , , , , , , , , , , , , , , , , ,	arried, provide the reneming direction
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial dain	
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	(o oog roading to mose items	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015
	applittorit ricadonori flot Honoo, dee tile misti denori		20110 daile 2 (1 01111 930) 20 13

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontnues()			S AND PIPE							30428	
Check all that apply a	Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical	Treasure	es, or Oth	er Simil	ar Asse	ts(continu	ed)
a	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of	the followin	g that are a	significant	use of its	collection :	items
b Scholarly research e Other C Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Drowde a description of the organization solicit or receive donations of air, instorical treasures, or other similar assists to be sold for page further than to be markarised as part of the organization collection? Ves No Part XI Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21 Is is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21 Is is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21 Is is the organization and page in the arrangement in Part XIII and complete the following table C Beginning balance		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of air, histonical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of air, histonical treasures, or other similar assets 6 During the year, did the organization assets 7 Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 90, Part IV, line 9, or reported an amount on Form 990, Part X line 21 1 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21, for escrew or custodial account liability 9 If "Yes," explain the arrangement in Part XIII and complete the following table 1 Beginning balance 2 Distributions during the year 9 Distributions during the year 1 Distributions during the year 1 Distributions during the year 1 Distributions during the year 1 Distributions during the year 1 Distributions during the year 1 Distributions during the year 1 Distributions during the year Part XIII and complete the following table 2 Distributions during the year 1 Distributions during the year Part XIII and complete the following table 2 Distributions during the year obstitution of the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX line 10 1 Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-andownent Pys 3 Board designated or quasi-andownent Pys 4 Describe in the organizations is into organization that are held and administered for the organization by: 3 Distribution of the property Part XIII be intended uses of the organization's endowment funds 4 Describe near howment funds not in the possession of the organiz	а	Public exhibition	d	י וַיַי	Loan or o	exchange p	programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets 10 be sold to risse funds righer than 10 be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 1	b	Scholarly research	е	(Other						
5 During the year, did the organization solicit for receive donations of art, instorical treasures, or other similar assets to be sed to traine timb to the maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9 or reported an amount on Form 990, Part X in et al.	С	Preservation for future generations									
to be sold for raise funder rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey furth	er the organ	nızatıon's exi	empt purp	ose in Par	t XIII	
Eart V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or Form 990, Part IV, Inne 9, or Form 990, Part IV, Inne 9, or Inne 3dil, Inne 10 Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table	5	During the year, did the organization solicit o	r receive donations	of art, his	storical t	reasures, o	or other simila	ar assets		_	
reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2b Distributions during the year f Ending balance 2b Diff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)											No_
13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Part X! □ Part X!II and complete the following table □ Reginning balance □ Additions during the year □ Distributions nclude an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Part V Endowment Funds. Complete if the explanation has been provided on Part XIII □ Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 □ Beginning of year balance □ Distributions □ Segment of the organization answered "Yes" on Form 990, Part IV, line 10 □ Distributions □ Segment of the organizations of the organization answered "Yes" on Form 990, Part IV, line 10 □ Distributions □ Segment of the organization of the organization that are held and administered for the organization by: □ Organization of the organization in the possession of the organization that are held and administered for the organization by: □ Unificiated organizations □ If "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of the organization's endowment funds □ Describe in Part XIII the intended uses of	Par			ete if the	organiza	ation answe	ered "Yes" o	n Form 99	0, Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year 1 Distributions 1 Distributions 1 Distributions 1 Distributions 2 Distributions C Net investment endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Distributions C Net investment earnings, gains, and losses d Grants or scholarships C Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as a Board designated or quasi-endowment > % b Permanent endowment > % b Permanent endowment > % b Permanent endowment Signature of the organization of the organization that are held and administered for the organization by: (i) unrelated organizations b If "Yes" on line 3a(i), are the related organizations is listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Description of property (a) Cost or other basis (investment) (b) Cost or other basis (chryestment) (c) Accumulated (d) Book value basis (investment) (b) Buildings (c) Leasehold improvements (d) Equipment. (e) Checumulated (d) Book value basis (investment) (e) Cost or other basis (chryestment) (e) Cost or other (f) Accumulated (d) Book value basis (investment) (f) Education In J. 364, 532, 4, 297, 666. (f) Equipment (f) Checumulated (f) Book value (f) Education In J. 364, 532, 4, 297, 666. (f) Equipment (f) Checumulated (f) Book value (f) Checumulated (f) Education In J. 364, 532, 4, 297, 666. (f) Education In J. 364, 532, 4, 297, 666. (f) Education In J. 364, 532, 4, 297,											
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Tour years	1a	-	an or other intermed	diary for a	contribu	tions or oth	er assets no	t included		7	
d Additions during the year e Distributions during the year 1 te 1d 1d 1e 1d 1e 1d 1e 1d 1e 1e				_					L_	」Yes	L No
c Beginning balance d Additions during the year Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % b Permanent endowment funds not in the possession of the organization that are held and administered for the organization b): (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Prov year for Form 990, Part IV, line 11a See Form 990, Part X, line 10 1a Land (c) Accumulated depreciation (d) Book value depreciation 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Equipment (e) Cher	d	• •							·		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If Yes, explain the arrangement in Part XIII. Check here if the explaination has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	e	_							 		
Board of the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % % % % % % % % %	1	•	000 Dt V I	01.5-					<u> </u>	7.,	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e								•	L	」Yes	No No
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		ET ETIGOTITION COMPLETE							veare back	(a) Four V	eare back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \(\) % b Permanent endowment \(\) % Temporanity restricted endowment \(\) % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations b if "Yes" on line 3a(i), are the related organization is listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements d Equipment 4 Equipment 6 Other	12	Beginning of year balance	(a) Content year	(0) 1	nor year	(C) 1W	o years back	(a) mile	years back	(e) i oui ye	sais back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	h	- · · ·									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporanily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization issted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) basis (other) basis (other) 1a Land 10,159. 10,159. 10,159. 10,159. 270,150. 270,150. 270,150. 270,150.	6	i									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporanly restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on lines 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) depreciation (d) Book value depreciation 1a Land 10, 159, 1364, 532, 4, 297, 666. c Leasehold improvements 6 d Equipment 823,029, 552,879, 270,150. e Other	d								-	<u> </u>	
and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a. Board designated or quasi-endowment. ———————————————————————————————————	e	· · · · · · · · · · · · · · · · · · ·									
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	_	1									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	q	· · · · · · · · · · · · · · · · · · ·									
Board designated or quasi-endowment	_	•	rent year end balanc	e (line 1	g, colum	n (a)) held a	 BS				
b Permanent endowment \	а										
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related	b		%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,159. 10,159. b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements d Equipment	c	Temporarily restricted endowment ▶	%								
Yes No (i) unrelated organizations 3a(i)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%				r				
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,159. b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements d Equipment	За	Are there endowment funds not in the posse	ssion of the organization	ation tha	t are hel	ld and adm	inistered for	the organi	zation		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 10,159. 10,159. b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements d Equipment e Other		by:								Y	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 10 , 159. 10 , 159. b Buildings c Leasehold improvements d Equipment o Other		(i) unrelated organizations								3a(i)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other		(ii) related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land Buildings C Leasehold improvements d Equipment Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (b) Cost or other basis (other) (c) Accumulated depreciation 10 , 159 . 10 , 159 . 5 , 662 , 198 . 1 , 364 , 532 . 4 , 297 , 666 . 2 270 , 150 . e Other	b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	chedule	H۵				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				owment f	funds						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 10,159. 10,159. 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements d Equipment e Other	Pai										
basis (investment) basis (other) depreciation 1a Land 10,159. 10,159. b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements 823,029. 552,879. 270,150. e Other											
1a Land 10,159. 10,159. b Buildings 5,662,198. 1,364,532. 4,297,666. c Leasehold improvements 823,029. 552,879. 270,150. e Other 0ther 10,159. 10,159. 10,159.		Description of property	, , ,				1		,	(d) Book v	ralue
b Buildings c Leasehold improvements d Equipment e Other 5,662,198. 1,364,532. 4,297,666. 823,029. 552,879. 270,150.			Dasis (investr	nent)	Da	<u>`</u>	··	preciation			150
c Leasehold improvements d Equipment , 823,029 552,879 270,150 e Other	_				<u> </u>			3 C A . 5			
d Equipment , 823,029 552,879 270,150 e Other	b	<u>-</u>			ر د	004,19	10. I,	304,5	34.	4,297	,000.
e Other	С	•				033 00	00	E E 2 0	70	270	150
						043,02	 	554,8	/3 ·		T20.
Total, Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)			qual Form 990 Port	X colun	nn (R) III					4 577	975

Schedule D (Form 990) 2015

1.	(a) Description of liability	1	(b) Book value
(1) Federal income to	axes		38,020.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must e	qual Form 990, Part X, col. (B) line 25.)		38,020.

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

Schedule D (Form 990) 2015

		PLUMBERS AND PIPEFITTERS				0030428 Page 4
Par		Revenue per Audited Financial State		Revenue per R	eturn	•
		ration answered "Yes" on Form 990, Part IV, line 1	12a			
1		er support per audited financial statements			1	4,012,467.
2		ut not on Form 990, Part VIII, line 12	1 1		}	
а	Net unrealized gains (losses) of		2a			
b	Donated services and use of f		2b		1	
C	Recoveries of prior year grants	3	2c	10 716	1	
ď	Other (Describe in Part XIII)		2d	48,716.		40 546
е	Add lines 2a through 2d				2e	48,716.
3	Subtract line 2e from line 1				3	3,963,751.
4		90, Part VIII, line 12, but not on line 1	1.1			
a		uded on Form 990, Part VIII, line 7b	4a		})	
b	Other (Describe in Part XIII)		4b			•
_C	Add lines 4a and 4b	1. TI			4c	2 062 751
<u>5</u>		1 4c. (This must equal Form 990, Part I, line 12) Expenses per Audited Financial State	omonte With	Evnanças nor	Dot:	3,963,751.
Fai		zation answered "Yes" on Form 990, Part IV, line 1		i cybelises bei	netui	11.
			12a			4,092,943.
1	Total expenses and losses per				1	4,032,343.
2		ut not on Form 990, Part IX, line 25	ا ۔ ا			
a	Donated services and use of f	acinties	2a			
b	Prior year adjustments		2b		{	
C	Other losses		2c 2d	28,767.		
d	Other (Describe in Part XIII)		20	20,101.	-	20 767
e	Add lines 2a through 2d				2e	28,767. 4,064,176.
3	Subtract line 2e from line 1	20 Port IV line 25 but not on line 1			3	4,004,170.
4		90, Part IX, line 25, but not on line 1	1 4 1		1 1	
a		uded on Form 990, Part VIII, line 7b	4a	21,983.	{ [
b	Other (Describe in Part XIII)		4b_	21,983.	11 1	01 002
c	Add lines 4a and 4b	and A. Office according to the COO. Dott I for a 40.)			4c	21,983.
Par	t XIII Supplemental Inf	nd 4c. (This must equal Form 990, Part I, line 18)			5	4,086,159.
		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV lines 1h	and 2h Part V line	1 Part	Y line 2 Part YI
	•	d and 4b Also complete this part to provide any	•	•	+, r ait /	A, IIII E Z, I AIT AI,
	20 dire 15, dire 1 die 10, miles 2	a una la ruas complete una part la provide uny	again on an innor			
PAI	RT X, LINE 2:					_
UNC	CERTAIN TAX POSI	TIONS				
<u>ACC</u>	COUNTING PRINCIP	LES GENERALLY ACCEPTED IN	N THE UN	ITED STATE	S OF	AMERICA
REG	<u> UIRE MANAGEMENT</u>	TO EVALUATE TAX POSITION	<u>NS TAKEN</u>	BY THE UN	ION	AND
REC	COGNIZE A TAX LI	ABILITY (OR ASSET) IF THE	E UNION	HAS TAKEN	<u>AN U</u>	MCERTAIN
POS	SITION THAT MORE	LIKELY THAN NOT WOULD NO	OT BE SU	STAINED UP	ON E	EXAMINATION
BY	THE IRS. MANAG	EMENT HAS ANALYZED THE TA	AX POSIT	<u>'IONS TAKEN</u>	BY	THE UNION,
<u>ANI</u>	HAS CONCLUDED	THAT AS OF DECEMBER 31,	2015, TH	ERE ARE NO	_UNC	CERTAIN
POS	SITIONS TAKEN OR	R EXPECTED TO BE TAKEN THE	AT WOULD	REQUIRE R	ECOC	NITION OF
		\				
<u>A I</u>	LIABILITY (OR AS	SSET) OR DISCLOSURE IN TH	E FINANC	LAL STATEM	ENTS	. THE
+		A DOMESTIC STREET		DIOMIC		111nn
UN.	LON IS SUBJECT T	O ROUTINE AUDITS BY TAXII	MG JUKIS	DICTIONS;	HOME	EVER, THERE
3 TO 7		יייים מינה ומנג מסם החדמון	G T11 DD0	מספמים שיים	7727 ~	CONT
<u>ARI</u> 53205		AUDITS FOR ANY TAX PERIODS	S IN PRO	GKESS. THE		
53205 09-21-	15	10			Sched	ule D (Form 990) 2015

Schedule D (Form 990) 2015 PLUMBERS AND PIPEFITTERS LOCAL 525 Supplemental Information (continued)	88-0	0030428	Page 5
BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS	FOR	YEARS	
PRIOR TO 2012.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CONTRIBUTIONS RECEIVED BY THE PAC FUND (REPORTED IN A			
SEPARATE 990)		48,	716.
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
POLITICAL DONATIONS/EXP. MADE BY THE PAC FUND (REPORTED IN			
A SEPARATE 990		28,	767.
			
PART XII, LINE 4B - OTHER ADJUSTMENTS:		 -	
PRIOR YEAR PAYROLL TAX ADJUSTMENTS		21,	983.
			
		 	
	<u> </u>		
			
		 _	

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

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

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

2015	Open to Publi	Inspection

OMB No 1545-0047

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

2 Employer identification number 88-0030428 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States PLUMBERS AND PIPEFITTERS LOCAL 525 General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Part

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of ((p) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	fa Documenta	(h) Durance of cases
or government		if applicable	cash grant	non cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
BOMBARD MECHANICAL 3933 W ALI BABA LAS VEGAS, NV 89118	04-3667346	N/A	174,143.	.0	0. ACTUAL COST		MARKET RECOVERY GRANT
MMC CONTRACTORS WEST, INC. 5080 S CAMERON LAS VEGAS, NV 89118	88-0101005	N/A	6,170.	.0	0. ACTUAL COST		MARKET RECOVERY GRANT
HANSEN MECHANICAL CONTRACTORS 4580 W, POST ROAD LAS VEGAS, NV 89118	88-0111028	N/A	201,535.	0	ACTUAL COST		MARKET RECOVERY GRANT
RYAN MECHANICAL 3335 WYNN RD LAS VEGAS, NV 89102	88-0362409	N/A	80,025.	0	ACTUAL COST		MARKET RECOVERY GRANT
QUALITY MECHANICAL CONTRACTORS LLC 3175 WESTWOOD DR LAS VEGAS, NV 89109	06-1635074	N/A	97,415.	0	ACTUAL COST		TARKET RECOVERY GRANT
SOUTHLAND INDUSTRIES 4765 CAMERON ST LAS VEGAS, NV 89103	95-1596533	N/A	20 900	o	0 ACTUAL COST		
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in the 1 table	e line 1 table				MANAGE RECOVERED GRANT
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

532101 10-28-15

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Page 2 (f) Description of non-cash assistance 88-0030428 (e) Method of valuation (book, FMV, appraisal, other) DOCUMENTATION WITHIN THE GUIDELINES OF THE MARKET RECOVERY PROGRAM IN ORDER THE UNION HAS ELIGIBILITY AND APPLICATION PROCEDURES IN PLACE TO DETERMINE THE GRANTEE MUST SUBMIT PROGRAM REQUIREMENTS AND THE GRANT AMOUNT AWARDED. GRANT MONEY IS USED TO PROTECT AND PRESERVE WORK OPPORTUNITIES FOR UNION MEMBERS ON CONSTRUCTION Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed O. ACTUAL COST O. ACTUAL COST REIMBURSEMENT BY THE GRANTEE AND ENSURES THEY ARE IN COMPLIANCE WITH TO RECEIVE GRANT MONEY. THE UNION TRACKS THE COSTS SUBMITTED FOR (d) Amount of non-cash assistance PLUMBERS AND PIPEFITTERS LOCAL 525 22,536. 17,850 (c) Amount of cash grant GRANT AWARD RECIPIENTS. ONCE THE GRANT IS AWARDED, (b) Number of recipients 25 (a) Type of grant or assistance COMMUNITY ACTION FUND PROJECTS PROJECTS IN NEVADA. Schedule I (Form 990) (2015) 7 DISABILITY ASSISTANCE LINE PART I, Part III Part IV

Schedule I (Form 990) (2015)

22

532 102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

_____PLUMBERS AND PIPEFITTERS LOCAL 525

Employer identification number 88-0030428

P	art I │ Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			,
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		İ	'
				İ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or] }		ļ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			ĺ
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			ĺ
	Compensation committee Written employment contract	1 1		
	Independent compensation consultant Compensation survey or study			'
	Form 990 of other organizations X Approval by the board or compensation committee	1 1		į
	Downs the constraint of the co	1 1		, ·
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1 1	'	
_	organization or a related organization			·
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		
	To to any or mice 42 c, not the persons and provide the applicable amounts for each item in a time	-		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ı
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of	1 1		i
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		,	
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III		ļ	,
7	, , , , , , , , , , , , , , , , , , , ,		}	,
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2015

PLUMBERS AND PIPEFITTERS LOCAL 525 Schedule J (Form 990) 2015

88-0030428

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

		(a) Organization	0/ N 000 1 20/ Page 0/4		Pag 40000001400		(F) Total of only	
		(b) Dreakdowil or	(b) Dieakdowil of W-Z and/or 1089-Miso compensation	SC compensation	(c) Hettrement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation		(a)-(y(a)	reported as deferred on prior Form 990
			<u></u>					
(1) MURREL ORR	Θ	133,390.	0.	0	0	78,106.	211,496.	0
BUSINESS AGENT - A	(ii)	0.	0.	0	0	0	0	
(2) DAVID WOOD	(1)	135,85	0	0	0	78,106.	213,96	
BUSINESS AGENT - B	Ξ		0	0		0		
<u>ب</u>	Θ	151,32	0	0	0	81,209.	232,53	0
BUSINESS MANAGER	Ξ		0	0		0		
	(0)							
	(ii)							
	Θ							
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	:							
	ε							
	Ξ							
	Ξ							
	(E)							
	Ξ							
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Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

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.

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PLUMBERS AND PIPEFITTERS LOCAL 525

Employer identification number 88-0030428

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WAYS AND MEANS FOR THE ADVANCEMENT OF THE BEST INTEREST OF THE TRADES
AND TO MAKE AND USE EVERY HONORABLE EFFORT TO SECURE THE PASSAGE AND
ENFORCEMENT OF SUCH SANITARY AND SAFETY LAWS AS WOULD BE A BENEFIT TO
THE TRADE AND TEND TO PROTECT THE PUBLIC HEALTH AND SAFETY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SAFETY LAWS AS WOULD BE A BENEFIT TO THE TRADE AND TEND TO PROTECT THE
PUBLIC HEALTH AND SAFETY.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL OFFICERS ARE ELECTED BY THE MEMBERSHIP EVERY THREE YEARS.
FORM 990, PART VI, SECTION A, LINE 7B:
ALL ELIGIBLE MEMBERS IN GOOD STANDING SHALL BE AFFORDED PROPER VOICE AND
VOTE AT ANY MONTHLY GENERAL MEMBERSHIP MEETING. NO MEMBER IN GOOD STANDING
SHALL BE PROHIBITED FROM ATTENDING ANY GENERAL MEMBERSHIP MEETING.
FORM 990, PART VI, SECTION B, LINE 11:
THE BUSINESS MANAGER, FINANCIAL SECRETARY AND TREASURER SHALL RECEIVE A
DRAFT COPY OF THE FORM 990 FOR REVIEW BEFORE THE FINAL COPY OF THE FORM 990
IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
PER THE UNITED ASSOCIATION OF JOURNEYMEN AND APPRENTICES OF THE PLUMBING
AND PIPEFITTING INDUSTRY OF THE UNITED STATES AND CANADA INTERNATIONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

(g)
Section 512(b)(13)
controlled
entity? Employer identification number. Open to Public Inspection 8 N OMB No 1545-0047 2015 × Direct controlling 88-0030428 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 tax year PIPEFITTERS LOCAL Direct controlling PLUMBERS & End-of-year assets 525 <u>e</u> status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code € section 527 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. NEVADA PLUMBERS AND PIPEFITTERS LOCAL 525 STATE & LOCAL ELECTIONS HEAVY PARTICIPATION IN Primary activity Primary activity PLUMBERS AND PIPEFITTERS LOCAL 525 POLITICAL ACTION COMMITTEE - 32-0173248, 760 NORTH Name, address, and EIN (if applicable) Name, address, and EIN of related organization 89110 of disregarded entity LAMB BLVD, LAS VEGAS, NV Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

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

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Schedule R (Form 990) 2015

88-0030428 Part III 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 PLUMBERS AND PIPEFITTERS LOCAL 525 Schedule R (Form 990) 2015

Page 2

(a)	(q)	(0)	(p)	(e)	(6)	£	(6)	3	(E)		9	(<u>K</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Dispropor allocati Yes	Code amou 20 of 8 K-1 (Fc	JBI Gen box man edule par 1065) Yes	General or Pe managing Ov partner?	General or Percentago managing ownership partner?
						-						
[Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	as a Corpo	ration or Trust Co ear	mplete if the	organization ar	nswered "Yes	" on Form 990	, Part IV, line	34 because it h	nad one or	r more r	elated
(a) Name, address, and EIN of related organization	N. C.	Prime	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	rg Type of entity (C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b)(13) controlled entity?
											<u> </u>	

Schedule R (Form 990) 2015

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	2
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?	ns with one or more re	elated organizations listed	in Parts II-IV?		+	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α.			1 a		×
b Gift, grant, or capital contribution to related organization(s)				t q		×
c Gift, grant, or capital contribution from related organization(s)				5	_	×
d Loans or loan quarantees to or for related organization(s)				1d		×
				<u>-</u>		×
 Dividends from related organization(s) 				=		×
g Sale of assets to related organization(s)				p		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				; =		×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>	-	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			Ē	7	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			-	+	×
 Sharing of paid employees with related organization(s) 				9	+	×
D Reimbursement baid to related organization(s) for expenses				5		×
				10		<u> </u>
r Other transfer of cash or property to related organization(s)				-		×
ι				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(6)						
(4)						1
(5)				}		1
(9)						
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Schedule R (Form 990) 2015 PLUMBERS AND PIPEFITTERS LOCAL 525

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

בות אנים ויסים ובתוכים כיות והתוכים כיות והתוכים ביות התוכים ביות	מייים בייים בייים מייים ייים מ	פוסון וסו כפו נמוון וווו	od so so so so so so so so so so so so so						
(a)	<u>a</u>	ව :	(g)		(b)	Ē	© .	s	≆ '
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign country)	Predominant income pathers sec (related, unrelated, e01(c)(3) excluded from tax under sectors 512-514)	sec Share of total total	Share of end-of-year assets	Disproportionate allocations?	Disproportion (Code V-UB) General or Percentage Junate amount in box 20 managing ownership else No (Form 1065) Yes No	General or managing partner?	Percentage ownership
								_	
								1	
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Part VII	(Form: 990) 2015 Supplemental Info	ormation					
			to ques	stions on Schedule R (se	e instruction	ns)	
							
							
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