

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A	For the	2016 calendar year, or tax year beginning JUL 1, 2016 and ending	JUN 30, 2017
В	Check if	C Name of organization	D Employer identification number
	applicable	UNITED ASSOCIATION OF JOUR. & APPREN.	
	Addres	OF PLBG. & PF. IND LOCAL UNION 198 INC	
	Name change	Doing business as	72-0278068
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone number
	Final return/	5888 AIRLINE HIGHWAY	225-356-3333
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 3,535,626.
	Ameno	BATON ROUGE, LA 70805	H(a) is this a group return
	Application	F Name and address of principal officer MEAD MILDER	for subordinates? Yes X No
	pendir	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
1	Tax-exe	empt status 501(c)(3)X 501(c)(5) ◀ (insert no.) 4947(a)(1) or!	52A) 5 If "No," attach a list (see instructions)
J	Websit	e: ▶ N/A	H(c) Group exemption number ▶
K	Form of	or ganization: Corporation Trust X Association Other	ear of formation: 1920 M State of legal domicile: LA
P	art i	Summary	
	1	Briefly describe the organization's mission or most significant activities. LOCATING	EMPLOYMENT FOR UNION
Governance		MEMBERS	
rua	2	Check this box if the organization discontinued its operations or disposed of processing the continued its operations.	fore than 25% of its net assets
o.	3	Number of voting members of the governing body (Part VI, line 1a)	3 11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1	4 11
Activities &	5	Total number of independent voting members of the governing body (Part VI, line 20) Total number of individuals employed in calendar year 2016 (Part V, line 20) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	018 10 5
Şi		Total number of volunteers (estimate if necessary)	6 0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
∢	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
		Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)	0. 0.
Š	9	Program service revenue (Part VIII, line 2g)	1,929,235. 1,805,063.
Revenue	10	In vestment income (Part VIII, column (A), lines 3, 4, and 7d)	44,550. 316,244.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,394. 80,637.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,147,179. 2,201,944.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,390. 13,570.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,040,840. 976,672.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
, the	. ь	Total fundraising expenses (Part IX, column (D), line 25)	
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,146,301. 1,149,545.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,209,531. 2,139,787.
	19	Revenue less expenses Subtract line 18 from line 12	<62,352.> 62,157.
Net Assets or	3		Beginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)	3,958,113. 4,044,802.
AB	21	Total liabilities (Part X, line 26)	4,184. 28,716.
S	22	Net assets or fund balances Subtract line 21 from line 20	3,953,929. 4,016,086.
	art II	Signature Block	
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge
		MALL MISCLIPE	5/14/18
Sig	ın	Signature of officer	Date , ,
He	re	NEAL MILLER, BUSINESS MANAGER	· · · · · · · · · · · · · · · · · · ·
		Type or print name and title	
		Print/Type preparer's name Preparer's signature	Date Check PTIN
Pai	d	LINDSAY J. CALUB, CPA	5-8-18 self-employed P01268022
Pre	parer	Firm's name DUPLANTIER, HRAPMANN, HOGAN & MAHER	, LLP Firm's EIN ▶ 72-0567396
Use	Only	Firm's address 1615 POYDRAS STREET, SUITE 2100	
_		NEW ORLEANS, LA 70112	Phone no. (504) 586-8866
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No
	001 11-1		Form 990 (2016)

UNITED ASSOCIATION OF JOUR. & APPREN. OF PLBG. & PF. IND LOCAL UNION 198 INC Form 990 (2016) 1 72-0278068 Page 2 Part III. Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. LOCATING EMPLOYMENT FOR UNION MEMBERS Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported __) (Expenses \$ _ including grants of \$ GENERAL FUND OF THE UNION - PAYS ALL OPERATING EXPENSES) (Expenses \$) (Revenue \$ including grants of \$ DEATH BENEFIT FUND - PAYS THE INSURANCE POLICY THAT PAYS THE SURVIVING BENEFICIARY UPON DEATH OF A MEMBER including grants of \$ BUILDING FUND - MAINTAINS THE OFFICE BUILDING & MEETING HALL FOR THE MEMBERS OF THE LOCAL 198 Other program services (Describe in Schedule O) 4d) (Revenue \$ (Expenses \$ including grants of \$ Total program service expenses Form 990 (2016)

72-02780

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		 	
3	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ì	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the en vironment, 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	<u> </u>		
_	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		х
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		Х
11	If the Organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		:	
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			••
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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		<u>X</u>
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
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	,_		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	1	v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47	ľ	_x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	\dashv	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-'°		_41
19	complete Schedule G, Part III	19	[X
	complete oblication of the time.	Form	990 c	
			(2	/

Form 990 (2O16) OF PLBG. & PF. IND LOCAL UNION 198 INC
Part IV Checklist of Required Schedules (continued)

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			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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		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	1	ĺ	İ
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		X
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		<u>X</u>
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?]		37
	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			37
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ľ	v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 24	x	
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	^	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		i	
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	1	v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>_X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part Vi, lines 11b and 19?	20	x	
•-	Note, All Form 990 filers are required to complete Schedule O	38 Form		2016
		T OHILL		

Part V	State	ments R	legarding	Other	IRS Fili	ngs and	Tax C	ompliance

	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			[
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b (l			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming] :		İ			
	(gambling) winnings to prize winners?	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	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)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ĺ	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)		Ì				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ĺ	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						
	any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b_					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	į					
	to file Form 8282?	7c		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1				
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	1					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b		9b					
10	Section 501(c)(7) organizations. Enter.						
а	Initiation fees and capital contributions included on Part VIII, line 12	}	1				
þ	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 11a	1					
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1	- 1				
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ŀ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	\dashv				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+				
	Note. See the instructions for additional information the organization must report on Schedule O		1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	1	[
	Enter the amount of reserves on hand		\dashv				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	<u>X</u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (2	2010)			

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Form 990 (2O16), OF PLBG. & PF. IND LOCAL UNION 198 INC 72-0278068 Page 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	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing			1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		}		,
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			j
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	}		}
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	00 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5		X
6	Did the organization have members or stockholders?		6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or		1	
	more members of the governing body?		7 <u>a</u>	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b	X	ļ
8	${\sf Did}\ {\sf the}\ {\sf organization}\ {\sf contemporaneously}\ {\sf document}\ {\sf the}\ {\sf meetings}\ {\sf held}\ {\sf or}\ {\sf written}\ {\sf actions}\ {\sf undertaken}\ {\sf during}\ {\sf the}\ {\sf year}$	by the following:			ļ
	The governing body?		<u>8</u> a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	X_	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code)			Τ
				Yes	
	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 cha	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1 - 5 5 11 - 5	106		17
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	⁷ 11a	' -	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		128		X
b	Were Officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		121	-	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye.	s, describe	100		
	in Schedule O how this was done		120	+	X
13	Did the organization have a written whistleblower policy?		13	+	X
14	Did the organization have a written document retention and destruction policy?	b adaaaadaa.	14	+-	
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent	}]	ļ
			150	.	X
а	The organization's CEO, Executive Director, or top management official		15a		
Ö	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		131	1	_
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ent with a		}	}
ıoa	taxable entity during the year?	with th	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ets participation	1.00	†	
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		ļ		
	exempt status with respect to such arrangements?		16b	.]	j
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 on	ly) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply		,		
	Own website X Another's website X Upon request Other (explain in	n Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf		and fina	ncial	
	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 book	ks and records:			
	NEAL MILLER, BUSINESS MANAGER - 225-356-3333				
	5888 AIRLINE HWY, BATON ROUGE, LA 70805				
63200	11-11-10		For	n 990	(2016)

632006 11-11-16

OF PLBG. & PF. IND LOCAL UNION 198 INC

72-0278068

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Form 990 (2016). Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 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	(C) Position (do not check more than one				n e than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic	, unle cer an	ss pe	erson directo	is bot or/trus	han itee)	compensation from the	compensation from related	amount of other
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROY MCGRAW	1.00			•	Į	}				
RECORDING SECRETARY		X		X	<u> </u>	<u> </u>		0.	0.	0.
(2) RORY SHEETS	1.00			ļ				_		
VICE PRESIDENT		X		X	ļ _			0.	0.	0.
(3) EDDIE FREIBERGER	1.00	_		١.	ļ	١.			_	_
E BOARD		X			<u> </u>			0.	0.	0.
(4) JASON ONSTEAD	1.00			ļ					_	_
E_BOARD		X		Ĺ	ļ	↓_	-	0.	0.	0.
(5) NOLAN KLING	1.00			1		'			_	_
E BOARD		X	_	<u> </u>	<u> </u>			0.	0.	0.
(6) RICHARD ORILLION	1.00									
E BOARD	1 20	X			_			0.	0.	0.
(7) RICHARD KNIGHT	1.00				ĺ					
FINANCE COMMITTEE	1 00	X			 -	-	-	0.	0.	0.
(8) JAY RICHARD	1.00					}	1		•	•
FINANCE COMMITTEE	1 00	X					-	0.	0.	0.
(9) ROBERT MILLER	1.00	,,			1			0		0
FINANCE COMMITTEE	40.00	X			-	-	-	0.	0.	0.
(10) NEAL MILLER	40.00	, ,			ł			76 000		06 700
BUSINESS MANAGER/TREASURER	1 00	X		X	}—	\vdash	-+	76,292.	0.	96,722.
(11) CLINTON W. HANNA	1.00	,,		37				0		0
PRESIDENT	40.00	X		X	-	$\mid - \mid$	\dashv	0.	0.	0.
(12) CHARLES HABIG JR	40.00		ļ	37				72 402		02 460
BUSINESS AGENT				X	_	\vdash		72,402.	0.	93,468.
	ļ	, ,	J]]	.]			
	+					\vdash	\dashv			
	}]			}			
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Form 990 (2016)

OF PLBG. & PF. IND LOCAL UNION 198 INC 72-0278068 Page 8

(A) Name and title	(B) Average hours per week (list any	box, office	ot che unless	perso	on ore than on is bo ctor/tru	th an		(E) Reportable compensate from relate organization	on d	am	(F) timated ount of other pensatio	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	Ortable ensation related izations (99-MISC) O. 190 O. 190 O. 190 Oortable Y amo organ I 190 Oortable Y attion y attion y attion y y	om the anization related nization	n I	
				-							-	
					+							
			+	+	-							
			1	+		-						_
				-	-	ļ 				 		
			-	- -	-	-						
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					> > >	148,694. 0. 148,694.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	iose li	sted	abo	ve) w	ho re		,000 of reportab				0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıstee,	key	emp	loyee	, or h	highest compensated ei	nployee on				lo X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" com	plet	e Scl	hedul	e J fe	or such individual	-		4		X
rende red to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	r suc	h pe	rson				l			<u> </u>
Complete this table for your five highest count the organization. Report compensation for (A)		-							npensa			
Name and business	address	NO	NE			\dashv	Description of s	ervices	C			
	-											
						-						
					-							

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Form 990 (2O16)

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts Federated campaigns 1a 1 a 1b Membership dues Fundraising events 1c c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code ASSESSMENTS 812900 917,893 917,893 Program Service Revenue 2 a MEMBERS DUES 812900 871,223 871,223 INITIATION AND REINSTATEMENT 812900 15,947 15,947 d All other program service revenue Total. Add lines 2a-2f 1,805,063 Investment income (including dividends, interest, and other similar amounts) 32,981 32,981 Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real Gross rents 20,900 6 a Less rental expenses Rental income or (loss) 20,900 Net rental income or (loss) 20,900 20,900. Gross amount from sales of (i) Securities (II) Other 7 a assets other than inventory ,604,445 Less, cost or other basis and sales expenses 333,682 c Gain or (loss) 270,763 12,500 Net gain or (loss) 283,263 283,263. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 531300 55,040 55.040 11 a REIMBURSED EXPENSES 531300 4,697 4.697 b MISCELLANEOUS INCOME All other revenue 59.737 Total, Add lines 11a-11d Total revenue. See instructions 201 944 337 144.

Secti	on 501 (c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX (B)	(0)	
Do r 7b,	not inclui de amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and do mestic governments. See Part IV, line 21	13,570.			
2	Grants and other assistance to domestic				
	individ uals See Part IV, line 22				
3	Grants and other assistance to foreign			_	
	organizations, foreign governments, and foreign				
	individ uals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,760.			
6	Compe nsation not included above, to disqualified			ļ	
	persons (as defined under section 4958(f)(1)) and				
	person's described in section 4958(c)(3)(B)				
7	Other salaries and wages	178,394.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	168,026.			
9	Other employee benefits	458,671.			
10	Payro II taxes	24,821.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	27,971.			
C	Accounting	15,225.			
d	Lobbying				
е	Profes sional fundraising services. See Part IV, line 17				
f	Investment management fees		_ 		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7.670			
12	Advertising and promotion	7,678.			
13	Office expenses	63,466.			
14	Information technology	6,974.			
15	Royalties	12 052	·		
16	Occupancy	13,053.			
17	Travel	5,972.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 205			
19	Conferences, conventions, and meetings	29,395. 709.			
20	Interest	531,595.			
21	Payments to affiliates	90,511.			
22	Depreciation, depletion, and amortization	70,877.			
23	Insurance	70,011.			
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 0.)				
а	ORGANIZING	154,692.			
b	MISCELLANEOUS	51,916.			
С	REPAIRS & MAINTENANCE	32,168.			
d	AUTO	20,401.			
е	All other expenses	26,942.			
25	Total functional expenses. Add lines 1 through 24e	2,139,787.			
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 (# following SOP 98-2 (ASC 958-720)	}	i		

OF PLBG. & PF. IND LOCAL UNION 198 INC

Form 990 (2016). 72-0278068 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 599,987. 390,637. Cash - non-interest-bearing 1 1 1,575,380. 2 1,879,412. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 3,318,348. basis. Complete Part VI of Schedule D 10a 1,636,446. 1,743,242. 1,575,106. 10b 10c Less accumulated depreciation investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 146,300. <u>199,647.</u> Other assets See Part IV, line 11 15 15 3,958,113. 4,044,802. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 27,473. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 4,184. 1,243. Schedule D 4,184. 28,716. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,201,887. 27 3,336,976. Unrestricted net assets 27 752,042. 679,110. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,953,929. 4,016,086. 33 Total net assets or fund balances 33

> 4,044,802. Form **990** (2016)

3,958,113.

Total liabilities and net assets/fund balances

Both consolidated and separate basis

2c

За

Form **990** (2016)

X

___ Separate basis

Act and OMB Circular A-133?

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE.C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

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.lrs.gov/form990.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

UNITED ASSOCIATION OF JOUR. & APPREN.

- 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

OF PLBG.	& PF. IND LOCA	L UNION 198	BINC	72-0278068
Part I-A Complete if the organ	ization is exempt und	ler section 501(c) or is a section 527 o	rganization.
 Provide a description of the organization Political campaign activity expenditures Volunteer hours for political campaign at 		cal campaign activities	s in Part IV. ▶ \$	5,350.
Part I-B Complete if the organ	ization is exempt und	ler section 501(c)(3).	
1 Enter the amount of any excise tax incu	irred by the organization und	der section 4955	▶\$	
2 Enter the amount of any excise tax incu	irred by organization manag	ers under section 495	▶ \$	
3 If the organization incurred a section 49	955 tax, did it file Form 4720	for this year?		Yes No
4a Was a Correction made?				Yes No
b If "Yes, " describe in Part IV				1/01
Part I-C Complete if the organ			_ 	
 Enter the amount directly expended by 				5,350.
2 Enter the amount of the filing organizat	on's funds contributed to ot	her organizations for	_	
exempt function activities			▶\$	
3 Total exempt function expenditures Ac	ld lines 1 and 2. Enter here a	and on Form 1120-PO	L,	F 2F0
line 17b			▶\$	5,350.
4 Did the filing organization file Form 112	•	NN -4 -11 -4 -4 507		Yes X No
5 Enter the names, addresses and emplo made payments For each organization contributions received that were promp political action committee (PAC) If add	listed, enter the amount par itly and directly delivered to	d from the filing organ a separate political or	ization's funds Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-
LOUISIANA DEMOCRATIC				
PARTY			1,000.	0.
LORRI BURGESS				
CAMPAIGN FUND			1,000.	0.
JASON ARD SHERIFF				
CAMPAIGN FUND			1,000.	0.
BRETT STASSI		İ		
CAMPAIGN FUND			1,000.	0.
J .AUSTIN DANIEL				
CAMPAIGN FUND			400.	0.
BRIAN WILSON				_
CAMPAIGN FUND		<u> </u>	600.	0.
For Paperwork Reduction Act Notice, see	the Instructions for Form 9	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2016

632041 11-10-18

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2016 (Part II-A Complete if the org	OF PLBG. & anization is exe	PF. IND LOO mpt under section	<u>CAL_UNION_198</u> on 501(c)(3) and file	3 INC 72- ed Form 5768 (e	0278068 Page 2 election under
section 501(h)).					
A Check if the filing organizat	ion belongs to an aff	iliated group (and list	ın Part IV each affiliated ç	group member's nar	ne, address, EIN,
	e of excess lobbying				
B Check Lifthe filing organizat	ion checked box A a	nd "limited control" pi	ovisions apply		
	s on Lobbying Expe itures" means amo	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s		<u></u>		
e Total exempt purpose expenditures	(add lines 1c and 1	d) .	<u> </u>		
f Lobbying nontaxable amount Ente	r the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	<u> </u>		
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
	OFR/ 10				
g Grass roots nontaxable amount (ent	•		-		
h Subtract line 1g from line 1a If zero Subtract line 1f from line 1c If zero			<u> </u>		
i If there is an amount other than zer		line 1, did the organi	L. ration file Form 4720		
reporting section 4911 tax for this y		inte n, dia the organi	-ation ille 1 om 1 4720	i	Yes No
Toporting doction for Year for the		eraging Period Unde	r section 501(h)		
(Some organizations th	at made a section 5		have to complete all o	f the five columns I	pelow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))		<u></u>			
c Total lobbying expenditures	······································				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
					
f Grassroots lobbying expenditures		<u> </u>			<u></u>
				Schedule C (Forn	n 990 or 990-EZ) 2016

632042 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 OF PLBG. & PF. IND LOCAL UNION 198 INC 72-0278068 Page 3

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Am	
local legislation, including any attempt to influence public opinion on a legislative matter		1(c)(5), or section Yes 1 2 year? 3 1(c)(5), or section OR (b) Part III-A, line 1 2a 2b 2c 3 4 5	ount	
	3			
or reforendum, through the use of			}	
or referendum, anough the ase of				
a Volunteers?		<u> </u>	1	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?	ļ			
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	ļ	<u> </u>		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ		 	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ļ	}	 	
i Other activities?				
Total Add lines 1c through 1i	ļ			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ			
b If "Yes," enter the amount of any tax incurred under section 4912	1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion 501(a)	(E) 0 × 0 0		
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	1011 30 1(C)	(a), or se	ection	
301(0)(0).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	100	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				<u> </u>
Did the organization make only inhouse lobbying expenditures of \$2,000 or loss: Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization and the organization agree to carry over lobbying and political campaign activity expenditures from the organization and the organization are considered as a constant activity expenditure and the organization are considered as a constant activity expenditure and the organization activity expenditure and the organization activity expenditure and the organization activity expensive activity expe	the prior yea			
answered "Yes." Dues, assessments and similar amounts from members		1		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	-	<u></u>	
expenses for which the section 527(f) tax was paid).	.1001	}		
O contraction		22		
b Carryover from last year				
		J		
0000/3/43/43				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	2290			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		ļ		
expenditure next year?	poou.	4		
Taxable amount of lobbying and political expenditures (see instructions)				
art IV Supplemental Information				
ovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground	ip list). Part II	I-A. lines 1 a	and 2 (see	
tructions), and Part II-B, line 1. Also, complete this part for any additional information.	, ,,	•	,	
ART I-C CONTINUATION:				
IKE GAZES GOLF TOURNAMENT				
	- "			
OL (D) AMOUNT: 350. COL (E) AMOUNT: 0.				
OL (D) AMOUNT: 350. COL (E) AMOUNT: 0.				

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 16 Open to Public

Name of the organization

UNITED ASSOCIATION OF JOUR. & APPREN.

TND LOCAL UNITON 198 TNC

Employer identification number 72 0270060

Pa		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(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 fu	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	erring
	ımpermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part N	/, line 7
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply)	
	Preservation of land for public use (e.g, recreation or e	education) Preservation of a historical	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	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	<u> </u>
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	•	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation e	asements during the year
	\$		DV)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for
Dai	conservation easements III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
Га	Complete if the organization answered "Yes" on Form		Ommar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		and halange sheet works of art
ıa	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		public service, provide, in rait XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		palance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
		decation, or research in turtherance of public se	invice, provide the following amounts
	relating to these items:		& \$
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the second second for Connections	> \$
2	If the organization received or held works of art, historical tree		provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	▶ ¢
	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	Assets included in Form 990, Part X	o for Form 900	Schedule D (Form 990) 2016
LHA	For Paperwork Reduction Act Notice, see the Instructions	יטו רסוווו ששט.	301160016 D (LOLW 330) 50 10

	t III Organizations Maintaining C	Collections of A						-027806	5 <u>8</u> F	<u>'age 2</u>
3	Using the organization's acquisition, access	ion, and other recor	as, cned	ck any of the	tollowing the	are a sig	nificant use o	of its collecti	on iten	ns
	(check all that apply)		<u></u>							
а	Public exhibition	•	d		change progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	the organizati	on's exem	ipt purpose ir	n Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	nstorical trea	asures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		lete if th	e organizatio	on answered	"Yes" on f	orm 990, Pai	rt IV, line 9, d	٥r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.						
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabilit	v?	Yes		No
	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatı	on has been	provided on	Part XIII	,			Ī '''
Par										
		(a) Current year	T	Prior year	(c) Two year) Three years t	nack (e) Fou	ur years	back
1a	Beginning of year balance	1	1		137 = 7		,	(9)	, , , , , ,	
b	Contributions									
	Net investment earnings, gains, and losses				<u> </u>					
٦	Grants or scholarships		<u> </u>		 					
d	•				 					
е	Other expenditures for facilities)		ļ	1				
	and programs									
f	Administrative expenses									
g	End of year balance		L		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		ig, column (a	a)) held as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	red for the	organization	1		
	by							r	Yes	No
	(i) unrelated organizations							3a(ı)	<u> </u>	<u> </u>
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on S	Schedule R?				3b		L
4	Describe in Part XIII the intended uses of the		owment	funds						
Pai	t VI _ Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part 1	V, line 11a S	See Form 990	, Part X, lıı	ne 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k valu	е
		basis (investi	nent)	basis	(other)	depre	eciation			
1a	Land			43	5,953.			43	5,9	53.
b	Buildings				2,395.	1.74	13,242.	1,13		
~	Leasehold improvements						<u> </u>			
d	Equipment .									
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X colur	70 (B) line 1	Oc 1		<u> </u>	1,57	5 1	06
<u>ı vıdı</u>		onii 000, i ait	. <u>.,</u> 00101	1-27, 11110-1	/		Scho	dule D (Fori		
							JUI 101	-410 27 (1 2) 1		2010

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) PAYROLL TAXES PAYABLE
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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) 2016

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

1,243

Sche	dule D (Form 990) 2016 OF PLBG. & PF. IND LOCAL		<u>72-0278068</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	er Return.	
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 1 	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Donated services and use of facilities	2a	1 1	
a				
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d	 	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)			
_	Add lines 4a and 4b		4 -	
С			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	·····	5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part IV, lines 1b and 2b, Part V,	5	XI,
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	XI,
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part IIII and III		5	XI,
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part IIII and III		5	XI,
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Name of the organization

UNITED ASSOCIATION OF JOUR. & APPREN. OF PLBG. & PF. IND LOCAL UNION 198 INC

Employer identification number 72-0278068

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS VOTING MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS WHO VOTE TO ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS OF THE GOVERNING BODY MUST BE APPROVED BY VOTING MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BUSINESS MANAGER REVIEWS THE 990.
FORM 990, PART VI, SECTION B, LINE 15B:
MECHANICAL CONTRACT - PLUMBER'S SCALE. WHEN ANYONE UNDER THE MECHANICAL
CONTRACT GETS A RAISE, SO DOES THE BUSINESS MANAGER AND BUSINESS AGENT.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.
PART XII FINANCIAL STATEMENTS & REPORTING
MODIFIED CASH

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

UNITED ASSOCIATION OF JOUR. & APPREN. OF PLBG. & PF. IND LOCAL UNION 198 INC

Employer identification number 72-0278068

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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.	tions. Complete if the organization and	swered "Yes" on Form 990, Pa	rt IV, line 34 becaus	se it had one or more re	lated tax-exempt

(a)	(q)	(0)	(D)	(e)	(2)	(p)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) siled y?
				501(c)(3))		Yes	2
UA LOCAL NUMBER 198 EDUCATION FUND	PROVIDES FOR THE EDUCATION						
APPRENTICES LOCAL 198 EDUCATIONAL FUND -	AND APPRENTICESHIP						
PO BOX 52749, BATON ROUGE, LA 70892	TRAINING	LOUISIANA	501(c)(3)	501(C)(3)			×
UA LOCAL NUMBER 198 HEALTH AND WELFARE FUND	PROVIDES MEDICAL, LIFE AND			-			
- 72-0522454, 5635 GREENWELL STREET, BATON	DENTAL BENEFITS FOR						
ROUGE, LA 70805	MEMBERS	LOUISIANA	501(C)(9)	501(C)(9)			×
LOCAL 198 POLITICAL ACTION COMMITTEE -	TO SUPPORT STATE AND LOCAL						
46-5666299, 5888 AIRLINE HWY, BATON ROUGE,	CANDIDATES WHO SUPPORT THE						
LA 70805	GOALS OF UA LOCAL 198	LOUISIANA					×
LOCAL 198 EMERGENCY RELIEF FUND INC -	TO PROVIDE FOR DISASTER						
81-3558189, 5888 AIRLINE HIGHWAY, BATON	RELIEF ASSISTANCE TO		-				
ROUGE LA 70805	CITIZENS OF LA WHO ARE	LOUISIANA	501(C)(3)	501(C)(3)			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Form 990) 2016	Form 990) 2016

SEE PART VII FOR CONTINUATIONS

OF PLBG. & PF. IND LOCAL UNION 198 INC Schedule R (Form 990) 2016

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.

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(e)	(q)	(2)	(p)	(e)	(£)	(6)	3	(5)	8	(k)
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	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Ves No
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O harden and the distance of		,								

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. Part IV

(a)	(q)	(2)	(P)	(e)	(5)	(6)	3	(8)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(Heast)		assets		Yes No
UA LOCAL NUMBER 198 PENSION FUND -	PROVIDES FOR THE							
72-0522454, 5635 GREENWELL STREET, BATON	ADMINISTRATION OF THE							
ROUGE, LA 70805	PENSION FUND.	LA		TRUST	76.310.			×
UA LOCAL NUMBER 198 ANNUITY TRUST FUND -	PROVIDES FOR THE							
72-6205444, 5635 GREENWELL STREET, BATON	ADMINISTRAION OF THE							
ROUGE, LA 70805	ANNUITY FUND,	LA		TRUST	4,690.			×
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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	wered "Yes" on Form	990, Part IV, line 34, 35b,	or 36		٠.	
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?	s with one or more re	lated organizations listed II	n Parts II-IV?			٠ ,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a	×	j
b Gift, grant, or capital contribution to related organization(s)				10		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				19	×	
e Loans or loan guarantees by related organization(s)				9	1	×
f Dividends from related organization(s)				+		×
				5		×
b Dirchage of accept from related organization(c)				, <u></u>	1	×
				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				7		
k ease of facilities equipment or other assets from related organization(s)				*		×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			-		×
				1		×
p Reimbursement paid to related organization(s) for expenses				2	1	×
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				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	is line, including covered i	elationships and transaction thresholds.		ļ	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
UA LOCAL NUMBER 198 EDUCATION FUND (1) APPRENTICES LOCAL 198 EDUCATIONAL FUND	D	146,300.]]		
(2) LOCAL 198 EMERGENCY RELIEF FUND INC	D	53,347.				
(3)						j
(4)				ļ		
(5)						
(9)						
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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.

(h) (l) v.

DesproporCode V-UBI General or Percentage
Incations? of Schedule K-1
Ves No (Form 1065) Yes No end-of-year Share of assets Share of income total Predominant income parties sec (related, unrelated, ons 2 ves ludged from tax under sections 512-514) ves No (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 OF PLBG. & PF. IND LOCAL UNION 198 INC 72-0278068 Page 5
Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAMES OF RELAMED ORGANIZATION.
NAME OF RELATED ORGANIZATION:
LOCAL 198 EMERGENCY RELIEF FUND INC
PRIMARY ACTIVITY: TO PROVIDE FOR DISASTER RELIEF ASSISTANCE TO CITIZENS OF
TA THIS ARE MEMBERS
LA WHO ARE MEMBERS

632165 09-06-16