Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Departm	ent of	the	Treas	uí
Internal	Reven	ue S	ervice	•

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

Open to Public

	nal Revenu	Je Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection
A	For the	2017 cale	ndar year, or tax year beginning , 2017, and endir	ng		, 20
В	Check if	applicable	C Name of organization PLUMBERS&PIPEFITTERS LOCAL UNION NO 300 EDUC.& 3	TRNG. TRUST	D Employ	er identification number
	Address		Doing business as		45-0	376949
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/su	nte		ne number
	Initial retu	ım	2101 GREAT NORTHERN DRIVE	(701	) 237-5968	
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		<u> </u>	
	Amended	return	FARGO, ND 58102	G Gross re	eceipts \$ 568,985.	
	Application	on pending	F Name and address of principal officer:	H(a) Is this a o	roup return for	subordinates? Yes No
	•		s included? Yes No			
1	Tax-exer	npt status:	区 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 524			a list. (see instructions)
J	Website		1/A	H(c) Group	exemption	number >
ĸ	Form of c		X Corporation			of legal domicile: ND
	art I	Summ			-1	
			escribe the organization's mission or most significant activities: TRAI	NING OF	PLUMBE	RS & PIPEFITTERS
ø	1	,	11417	13411991	LOLIDE	
ä	1					
Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets
Š	3		of voting members of the governing body (Part VI, line 1a)		3	7
ಂಶ	4		of independent voting members of the governing body (Part VI, line 1b)		4	0
Activities	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	<u> </u>
Ξ	6		mber of volunteers (estimate if necessary)	• • • •	6	0
Act			related business revenue from Part VIII, column (C), line 12	• • • •	7a	
•	'a		lated business taxable income from Form 990-T, line 34		7b	0.
_	<del> </del>	110t dillo	lated business taxable income from controlling 550 1, line 54	Prior Ye		Current Year
	8	Contribu	itions and grants (Part VIII, line 1h)			<del></del>
že	9		service revenue (Part VIII, line 2g)	423	248.	539,939.
Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1		24 046
æ	111		· · · · · · · · · · · · · · · · · · ·		1,037.	24,046.
	12		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		000.	5,000.
	13		enue – add lines 8 through 11 (must equal Part VIII, column (A) lines 12	448	285.	568,985.
		Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	<del> </del>		34.
	14	Colorina	paid to or for members (Part IX, column A), line A) 1.8.2018. other compensation, employee benefits (Part IX, column (A), lines 5-00)	<del></del> -		
Expenses	15	Salaries,	other compensation, employee benefits (Part IX, Column (A), lines 5-00)	4 (	5 <b>,</b> 988.	30,657.
ë	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e, UT	SET SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF		
ᄶ	b				0.7.5	200 004
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		275.	229,834.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,263.	260,525.
	19	Revenue	e less expenses. Subtract line 18 from line 12	18.	1,022.	308,460.
Net Assets or		<b>T</b>	l l	Beginning of Cu		End of Year
SSA	20		sets (Part X, line 16)	1, 702	2,905.	2,001,787.
<u>\$</u>	21		bilities (Part X, line 26)	1 20	493.	367.
			ets or fund balances. Subtract line 21 from line 20	1, 702	2,412.	2,001,420.
	art II		ture Block			
tn	nder pena ue correc	lities of perj	ury, I declare that I have examined this fetum, including accompanying schedules and state plete. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to t	he best of r	my knowledge and belief, it is
		1 2	All Children	5 1745 tilly Kilovii	- J	11-2/10
e:		× 1	GUAN VIII	<u></u>	-Lof	1410
	gn		Addre of disease	Da	ite /	,
п	ere		AKE WRIGLEY, CHAIRMAN			
			e or print name and title			
Pa	aid	- 1		ate	Check	
P	repare	BRYC		6/06/201		P00395437
	se Onl	y Firm's		Firm	n's EIN ▶	26-1434404
_		Firm's	address ► 1461 Broadway Ste 103, Fargo, ND 58102	Pho	ne no. (7	01) 293-7727^
_			ss this return with the preparer shown above? (see instructions)		<u> </u>	⊠ Yes•∏ No
Fo	r Papen	work Redu	uction Act Notice, see the separate instructions. BAA	V 12/05/17 PRO		Form <b>990</b> (2017)

Form 990	2017)	Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	riefly describe the organization's mission:	
	RAINING OF PLUMBERS & PIPEFITTERS	
2	old the organization undertake any significant program services during the year which were not listed o	
	rior Form 990 or 990-EZ?	· Yes 🗵 No
3	"Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any pro	aram
3	ervices?	
	"Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	vices, as measured by d allocations to others
4a	Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$	0.)
	UNDS ARE USED FOR TRAINING AND EDUCATION OF MEMBERS OF	
	CHE ORGANIZATION	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	Other present continue (December in Cohedule O.)	<del></del>
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 0.	
	REV 12/05/17 PRO	Form <b>990</b> (2017)

AD Lago

Part IV	Checklist of Red	quired Schedules
	OHCOMIST OF FRE	Juli cu Ochicuules

			162	l MO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<del>  ^</del>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	•	×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	×	
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		_×
			000	/00470

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b></b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		J
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-	X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-=-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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			1
	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		×
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<b>-^</b>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
41	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		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١
	Schedule L, Part IV	28b	-	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		[	İ
-00	complete Schedule N, Part II	32		×
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-00		F
04	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	L	×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<del></del>	<u>×</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	20		1
	101 Note: All Lotti 330 liiels die required to complete conedule C.	38	×	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		<u>.                                     </u>
			Yes	No
1a	, ·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		a y	
•	reportable gaming (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  2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	×	<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	×	<del>                                     </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
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		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_ <u>×</u> _
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		X
а	Initiation fees and capital contributions included on Part VIII, line 12	7		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			به. م
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			3 1 1
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
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			
_	100			
C 1/12		25 miles		P LEW
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u>×</u>
	199, mas it med a form 120 to report these payrights (ii) mo, provide an explanation in scriedule O .	1401	- 1	

Part	· · · · · · · · · · · · · · · · · · ·									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.  Check if Schedule O contains a response or note to any line in this Part VI									
Section	on A. Governing Body and Management	• • •		<u>. X</u>						
0000	on A. Governing Body and Management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	7								
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b 2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
3	any other officer, director, trustee, or key employee?	i		×						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×						
6 7a	Did the organization have members or stockholders?	7a	×							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		×							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?	8a	×							
ь 9	Each committee with authority to act on behalf of the governing body?	8b	×							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C								
40-	Did the annual attended to the character business on officiation	40-	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a	×							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ <b>X</b> _							
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	×							
13	Did the organization have a written whistleblower policy?	13		×						
14 15	Did the organization have a written document retention and destruction policy?	14	×							
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	×							
b	Other officers or key employees of the organization	15b	×							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
b	with a taxable entity during the year?	16a		×						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
	ion C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)						
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest p	oolicy	, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	<b>&gt;</b>							

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	dox, condinated of the condina	ot ch	Posi eck s pe	tion more	than the borker of the borker	one an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	ļ		8			ated				
(1) BLAKE WRIGLEY CHAIRMAN	5.00	×		×				0.	0.	0.
(2) BRAD BLOTSKY SECRETARY	5.00	×		×			Ì	0.	0.	0.
(3) BRAD BLOTSKY TREASURER	5.00	×		×				0.	0.	0.
(4) GREG DENEVAN DIRECTOR	5.00	×						0.	0.	0.
(5) RANDY ARMSTRONG DIRECTOR	5.00	×						0.	0.	0.
(6) JAMES BIGHAM DIRECTOR	5.00	×						0.	0.	0.
(7) SCOTT FRADET DIRECTOR	5.00	×						0.	0.	0.
(8) WALTON WELTON DIRECTOR	5.00	×						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)	-									
(14)	-								_	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (co	ontinued)
	(A) Name and title	(8) Average hours per	box, i	unles	eck s pe	ition more	than o is both or/trust	an	(D)  Reportable compensation	(E) Reportable compensation fro	from amount of
		week (list any hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MIS	
(15)											
(16)											
(17)											
(18)									-,		
(19)			-					-			
(20)											
(21)		<del> </del>									
(22)											
(23)											
(24)				<del> </del>	T						
(25)		-			-						
1b c d	Sub-total	t VII, Section		•	•	•	· ·	<b>&gt;</b>	0.		0. 0.
2	Total number of individuals (including bureportable compensation from the organ	t not limite				ted	abov	e) w		ore than \$10	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compen	sated Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive for services rendered to the organization									zation or indiv	-0.448
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Re year.										
	(A) Name and business ad	dress							(B) Description of s	services	(C) Compensation
						-		$\vdash$			
2	Total number of independent contract received more than \$100,000 of compen							o ti	nose listed ab	ove) who	and the second

Part	VIII	Statement of Reve			and the in Abia	- Dard V/III		
	<u></u>	Check if Schedule O	contains a i	esponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
रु रु	1a	Federated campaigns		la			-	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		<b>Ib</b> 539,939.				
اع ق	C	Fundraising events .		lc				
it its	d	Related organizations		ld				
ું ≅	e	Government grants (con		le	-			
Si Si	f	All other contributions, gi	ifte grante			_ ========	_	
ğ Ĕ	•	and similar amounts not inc		4.6	:			
불흥	_		L	1f	•			
g 3	9	Noncash contributions includ			500 000			
	h	Total. Add lines 1a-1	<u>t</u>		539,939.			}
Program Service Revenue				Business Code			<del></del>	·
Š	2a							
æ	b							
Ę.	С							
Ser	d							
Ē	е							
gu	f	All other program sen	vice revenue					
Pro	g	Total. Add lines 2a-2					· · · · · · · · · · · · · · · · · · ·	<del> </del>
	3	Investment income					<del></del>	
	ļ	and other similar amo			19,857.	l o.l	0.	19,857.
	4	Income from investmen	•	nt hand proceeds	137037.	<u> </u>	<u> </u>	15,037.
	5		,		· · · · · · · · · · · · · · · · · · ·			
	]	noyanies	(i) Real	(ii) Personal		· · · · · · · · · · · · · · · · · · ·		
		0	<u>''</u>		`		,	
	6a	Gross rents	5,00	0.	£ !			
	b	Less: rental expenses	<b></b>					- 43
	C	Rental income or (loss)	5,00	0.	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	d	Net rental income or		<u> ▶</u>	5,000.	5,000.	0.	0.
	7a	Gross amount from sales of	(i) Securities	(ii) Other			-	· · · · · · · · · · · · · · · · · · ·
	-	assets other than inventory	4,18	9.				^
	b	Less: cost or other basis			,	1		
		and sales expenses .				<u> </u>	· -	
	С	Gain or (loss)	4,18	9.		]		J ,`
	di	Net gain or (loss) .			4,189.	0.	0.	4,189.
		3 ( , , , ,			5.4		-	
Other Revenue	8a	Gross income from fu	undraisina		1 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1	4
ᅙ	ļ	events (not including \$	•	Ì		1	-j	· ***
<u>\$</u>		of contributions report			1 3		]	· ^.′
7		See Part IV, line 18 .						- نین <del>-</del>
š	۱				\ `.``			
Ö	b	Less: direct expense		b[	<del> </del>	-		·
	C	Net income or (loss)			ļ	<del> </del>		
	ya	Gross income from g			_	.0		
		See Part IV, line 19 .			_			
	b	Less: direct expense						
	C	Net income or (loss)						·····
	10a	Gross sales of in		ess				
	1	returns and allowand	ces	a	]	[		
	Ь	Less: cost of goods :	sold	b	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	c	Net income or (loss)	from sales of	inventory >	_			· · · · · · · · · · · · · · · · · · ·
		Miscellaneous I	Revenue	Business Code				
	11a				<del>                                     </del>	<del> </del>		
	b							<del>. –</del>
	~					-		·
		All other researce			<del> </del>			<del> </del>
	d	All other revenue		L		<b> </b>		<del></del>
	e	Total. Add lines 11a			F.60. 225	5.000		24 2:5
	<u>12</u>	Total revenue. See i	instructions.	<u>.</u> ▶	568,985.	5,000.	0.	24,046.

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , 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	34.	34.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				- ·· ·
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	28,099.	28,099.	0.	0.
9	Other employee benefits				
10	Payroll taxes	2,558.	2,558.	0.	0.
11	Fees for services (non-employees):	· ·	- II		
а	Management				
b	Legal				
C	Accounting	1,350.	0.	1,350.	<u> </u>
d	Lobbying	· 			
е	Professional 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 Schedule O.)				
12	Advertising and promotion				
13	Office expenses	7,114.	0.	7,114.	0.
14	Information technology				
15	Royalties				
16	Occupancy	19,224.	0.	19,224.	0.
17	Travel	18,288.	0.	18,288.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	566.	0.	566.	0.
20	Interest	<del></del>	<del></del>		
21	Payments to affiliates	11 002	ļ	11 003	
22	Depreciation, depletion, and amortization .	11,893.	0.	11,893.	0.
23	Insurance		/ <del></del>		
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.)		,		
_		10 207		10 207	
a	MISCELLANEOUS	12,327.	0.	12,327.	0.
b	BANK FEES	1,080.	0.	1,080.	<u> </u>
q C	SCHOOLS FACILITIES	7,211.	7,211.	0.	0.
d	INSTRUCTIONAL MATERIALS	31,306.	31,306.	0.	0.
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	119,475.	103,471.	16,004.	0.
25_	Joint costs. Complete this line only if the	260,525.	172,679.	87,846.	0.
26	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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . . . . 26,493. 12,252. 2 2 1,306,603. 1,641,571. 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 7 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 696,776. 10b 347,964. Less: accumulated depreciation . . . . 369,809. **10c** 348,812. 11 11 12 Investments—other securities. See Part IV, line 11 . . . . . 12 13 Investments-program-related. See Part IV, line 11 . . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 1,702,905. 16 2,001,787. 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 493. 367. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . 493. **26** 367 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . . . . . 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 1,702,412. 32 2,001,420. Retained earnings, endowment, accumulated income, or other funds . 33 1,702,412. 2,001,420. 33 Total liabilities and net assets/fund balances . . . . . . . . . . . . . . 1,702,905. 2,001,787.

				, ag	
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68,98	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	60,52	25.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	08,46	.0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	02,41	2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9,45	2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,0	01,42	<u> 20.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in		i. 1	
	Schedule O.			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 1	-
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a	, y		
	separate basis, consolidated basis, or both:				
	⊠ 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 audit, review, or compilation of its financial statements and selection of an independent according	ountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, or	explain in			
	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et forth in			
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		

Form 990 (2017)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name	of the organization					Employer identification	n number	
PLUM	BERS&PIPEFITTERS LOCAL					45-0376949		
Par	<del></del>						ons.	
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of church						$\left( \begin{array}{c} 1 \\ 1 \end{array} \right)$	
2	A school described in section						)	
3	A hospital or a cooperative hospital						(III)	
4	A medical research organization hospital's name, city, and state	ə:					· ·	
5	An organization operated for the section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).		college or university	owned o	r operate	ed by a government	tal unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				n the general public	
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organi or university or a non-land-gra university:	nt college of agri	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr	nctions—subject to ce related business taxat	ertain exc ole incom	eptions, e (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized and				•	•		
12	An organization organized and	operated exclus	ively for the benefit of	, to perfo	rm the fu	inctions of, or to ca	rry out the purposes	
	of one or more publicly support the box in lines 12a thro							
а	☐ Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	☐ Type II. A supporting orgation control or management of organization(s). You must	the supporting o	rganization vested in	the same				
c	There a III A conseller a aller to As a	grated. A suppor	ting organization oper	ated in c			ally integrated with,	
ن د			•		•	- ·		
d	Type III non-functionally that is not functionally inte requirement (see instructionally interpretation)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported						[]	
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)		<del> </del>						
	.1			خنست د		<del> </del>	<del></del>	

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to ໘ປ	~
<del></del>	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part IJI.)	
	on A. Public Support	(a) 0010	(h) 0014	(-) 0015	(4) 0016	120017	(O Total
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		.,,				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014 <sup>/</sup>	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	/					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	- ,	-			12	
13	First five years. If the Form 990 is for the	- /	•	-	•		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u> ▶ □</u>
	on C. Computation of Public Suppor			4 - 1 (0)			
14	Public support percentage for 2017 (line 6	. ,				14	<u>%</u>
15 16a	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ						
IVa	box and stop here. The organization qua						
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	ia, and line 15	is 33½% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the "fac	ne "facts-and- ets-and-circum	circumstances' stances' test.	" test, check The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization d instructions				•		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the If the organization fails to qualify						nder Part (I.
Section	on A. Public Support			, p			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				/		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			ļ			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b	***					
	on B. Total Support		/				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 201/4	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				<del></del>		ļ
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<u>'</u>		<u></u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	j					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	7			n, or fifth tax ye		
Sect	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line						%
16	Public support percentage from 2016 Sc			<u></u>	<del></del>	16	%
	ion D. Computation of Investment In				(0)	1451	
17 18	Investment income percentage for 2017 Investment income percentage from 201,	7		•			<u>%</u> %
19a	331/23% support tests—2017. If the organ 17 is not more than 331/23%, check this box	nization did not and stop here	t check the bo	x on line 14, a ion qualifies as	nd line 15 is m a publicly suppo	ore than 331,50 orted organizat	%, and line ion . ▶ □
b	331/3% support tests—2016. If the organi line 18 is not more than 331/3%, check this	box and stop h	nere. The organ	ization qualifies	s as a publicly s	upported organ	nization 🕨 🔲
20	Private foundation. If the organization d	id not check a	hox on line 14	19a or 19b	check this box	and see instru	ctions > 🗀

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	•	Yes	No
g y			
s d			
r	3a		
d e	3b		
3)	3c		
lf	4a		
n	4b		
n d			
" V I;			
у	5a 5b		
o d r	5c		
r n			
?	8		
e L	9a	. स्टब्स	
1	9a 9b		
t	9c		
n d	10a	. 2	
,	10a 10b		<i>::</i> -:

Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	Principal of State of
_	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <b>Provide details in Part VI.</b>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional instructions).		tegrated Type III supporti	ng organization (see			

Schedule A (Form 990 or 990-EZ) 2017

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)	·		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Six I will a six as a		F16-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			. ,
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			4.
С	From 2014			
d	From 2015			
е	From 2016	_		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	,		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1		
4	Distributions for 2017 from			-
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			,
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
-	Excess from 2017			

Pa	ae	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

▶ Attach to Form 990.

OMB No. 1545-0047 201

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service **Employer identification number** Name of the organization PLUMBERS&PIPEFITTERS LOCAL UNION NO 300 EDUC.& TRNG. TRUST 45-0376949 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X . . . . .

chedule	D (Form 990) 2017								Page 2
<u>Part</u>									
	Using the organization's acquisition, accollection items (check all that apply):	ccession, and o	other record	ds, check	any of the	follov	ving that are a	significant	use of its
а	☐ Public exhibition		d [	] Loan d	or exchange	e prog	rams		
b	Scholarly research		е [	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization	on's collections	and expla	in how th	ey further t	the org	ganization's exe	empt purpo	se in Part
	XIII.								
5	During the year, did the organization s								
	assets to be sold to raise funds rather t		tained as p	art of the	organizatio	on's co	ollection? .	· 🗌 Ye	s 🗌 No
Part						_			_
	Complete if the organization	answered "Ye	s" on Forr	n 990, P	art IV, line	9, or	reported an a	mount on	Form
	990, Part X, line 21.	<del></del>		<del></del>		<del></del> _	<del></del>		
1a	Is the organization an agent, trustee,								<b></b>
	included on Form 990, Part X?							· U Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comp	olete the fol	lowing ta	ble:			Amount	
_	Destination to the con-							Amount	
C	Beginning balance					10			
đ	<b>0</b>					10	<del></del>		
Ð	Distributions during the year Ending balance					11	<del></del>		
2a	Did the organization include an amoun		 Dart Y line	 21 for ea	crow or cu			tv2 □ <b>V</b> a	e [] No
	If "Yes," explain the arrangement in Pa							-	
	V Endowment Funds.	are XIII. On COR III	510 11 1110 02	planation	That boom	provid	od on rait XIII	<del></del>	<u> </u>
	Complete if the organization	answered "Ye	s" on For	m 990. P	art IV. line	e 10.			
	J	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ick (e) Four	years back
ta	Beginning of year balance	·							
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships [				· · ·				
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses		<u> </u>						
g	End of year balance		<b>⊥</b>				<u> </u>		
2	Provide the estimated percentage of the	-	end balanc	e (line 1g	, column (a)	)) held	as:		
а	Board designated or quasi-endowmen		%						
b	Permanent endowment ▶	<sup>%</sup>							
С	Temporarily restricted endowment	%							
22	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			zation the	at are held	and ac	lministered for	tha	
Ja	organization by:	possession or	the organiz	Lation the	t are ricio	and ac	arministered for	_	Yes No
	(i) unrelated organizations							. (3a(i)	165 110
	(ii) related organizations							. 3a(ii)	<del></del>
ь	If "Yes" on line 3a(ii), are the related or							. 3b	-+-
4	Describe in Part XIII the intended uses							. [00]	
	VI Land, Buildings, and Equip				- <del></del>				
	Complete if the organization		es" on For	m 990, F	Part IV, line	e 11a.	See Form 99	0, Part X, I	ine 10.
	Description of property	(a) Cost o	r other basis strnent)	(b) Cost o	r other basis	(c)	Accumulated lepreciation	(d) Bool	
	Land	<del>-  </del>		<u> </u>	42,805.				2,805.
b	Buildings	<u> </u>	<del></del>	<del></del>	80,796.		175,810.		14,986.
		1							

c Leasehold improvements 173,175. 173,002. 173. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . 347,964.

Part VII	investments—Other Securities.						
	Complete if the organization answ	rered "Yes" on For	<u>m 990</u>	, Part IV, line			e 12.
	(a) Description of security or category (including name of security)		(b)	Book value		fethod of valuation: and-of-year market value	
(1) Financial	derivatives						
(2) Closely-h	eld equity interests		_				
(3) Other							
(B)							
(C)							
(D)							
(E)					<u> </u>		
(F)					<u> </u>	<del></del>	
(G)			<del></del>				
(H)							
	b) must equal Form 990, Part X, col. (B) line 12.)				<u> </u>	<del></del>	<u> </u>
Part VIII	Investments—Program Related		000	Don't IV lin	o 110 Con Fo	000 Dod V lin	- 12
	Complete if the organization answ	vered tes on For					е 13.
	(a) Description of investment		(b)	Book value		Method of valuation: and-of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)	······································						
(9)						<del></del>	
	b) must equal Form 990, Part X, col. (B) line 13.)					<u> </u>	,,,,
Part IX	Other Assets.	wared "Vee" on Fe	000	Doubly lim	. 11d Cas Fa	000 Dort V lin	~ 1E
	Complete if the organization answ	Description	111 990	, Part IV, III	e 110. See Foi	(b) Book valu	
/4)	12	, Description				(a) Book value	
(1)	<del></del>				<del></del>		
(2)	<del></del>	<del></del>	-			<del></del>	
(3)		·		<del></del>	·····		
(4)						<del></del>	
(5) (6)	<del></del>					<del></del>	
(7)						<del>-</del>	
(8)				<del></del>		<del></del>	-
(9)				<del></del>	<del></del>	<del></del>	
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<del></del>		<b>&gt;</b>	
Part X	Other Liabilities.				<del></del>		
	Complete if the organization answ	wered "Yes" on Fo	rm 990	), Part IV, lin	e 11e or 11f. S	ee Form 990, Par	t X,
	line 25.						
1.	(a) Description of liability	(b) Book value					
(1) Federal i	ncome taxes						
(2)							
(3)				ı	<b>ي</b> در		
(4)				•	هو⊃چہ د آخہ ر	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(5)				-	į a	The second second	
(6)						A STATE OF THE STA	
(7)							-
(8)				•	اً الميسود " و بدارة	of the state of	
(9)			]	٠,	بار . الأي الراب		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶					2115×	
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footr	ote to t	he organization	n's financial state	ments 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

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er keturn.
	Complete if the organization answered "Yes" on Form 990, I		T.4 T
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:	امما	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C.	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2е
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.
_		140	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
b c	Other (Describe in Part XIII.)	4b	4c
b c 5	Other (Describe in Part XIII.)	4b	4c
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line
b c 5 Part	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X, line

### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

PLUMBERS&PIPEFITTERS LOCAL UNION NO 300 EDUC.& TRNG. TRUST

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

45-0376949

**Employer identification number** 

Part				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
2	bylaws, other governing instrument, or in a resolution of its governing body?	1	×	
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	×	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	×	
	NEWSPAPERS:SIOUX FALLS ARGUS LEADER, BISMARCK TRIBUNE,			
	FARGO FORUM, MINOT DAILY NEWS			e.
				-
4	Does the organization maintain the following?	40	×	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a		<b> </b>
С	nondiscriminatory basis?	4b	×	
	with student admissions, programs, and scholarships?	4c	×	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	×	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		×
b	Admissions policies?	5b		×
С	Employment of faculty or administrative staff?	5c		×
d	Scholarships or other financial assistance?	5d		×
e	Educational policies?	5e		×
f	Use of facilities?	5f		×
g	Athletic programs?	5g		×
h	Other extracurricular activities?	5h		×
				2
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		×
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	×	

**REV 11/13/17 PRO** 

Schedule E (Form 990 or 990-EZ) 2017

Schedule E (Form 990 or 990-EZ) 2017

BAA

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2017

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** 

PLUMBERS&PIPEFITTERS LOCAL UNION NO 300 EDUC.& TRNG. TRUST	45-0376949			
Pt VI, Line 6: ALL PLUMBERS AND STEAMFITTERS WHO JOIN ARE N				
Pt VI, Line 7a: ALL MEMBERS HAVE THE RIGHT TO VOTE IN ELECTIONS FOR THE GOVERNING				
BODY				
Pt VI, Line 7b: DECISIONS ARE APPROVED BY MEMBERS AT STATE				
Pt VI, Line 11b: THE FORM 990 IS REVIEWED PRIOR TO MEETINGS	FOR PROPER INCLUSIONS			
BY OFFICE PERSONNEL AND REVIEWED AND APPROVED AT MEETINGS	OF THE GOVERNING BOARD			
Pt VI, Line 12c: ALL MEMBERS OF THE GOVERNING BODY ARE ASKED TO DISCLOSE IN				
WRITING ANY CONFLICTS OF INTEREST				
Pt VI, Line 15a: THE GOVERNING BODY SERVES WITHOUT COMPENSA				
POLICY OF THE ORGANIZATION.				
Pt VI, Line 15b: THE GOVERNING BODY SERVES WITHOUT COMPENSA				
POLICY OF THE ORGANIZATION.				
Pt XI: CORRECTION OF PRIOR YEARS				
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