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

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

A	For the	e 2017 cale	ndar year, or tax year beginning , 2017, and ending	J		, 20			
В	Check if	f applicable	C Name of organization Texas Lathing and Plastering Contractors Association		D Employer identification number				
	Address	s change	Doing business as			74-1172971			
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephon				
	Initial re	eturn	P O Box 152282			817 461-0676			
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return		G Gross red	ceipts \$ 267,542				
	Applicat		H(a) is this a o		ubordinates ⁹ Yes No				
			F Name and address of principal officer CHAD DUPREE P O BOX 152282, ARLINGTON, TEXAS 76015			included? Yes No			
$\overline{}$	Tax-exe	mpt status	□ 501(c)(3)			list (see instructions)			
J	Website	e: ► WW	W TLPCA ORG	H(c) Group	exemption r	number ►			
K	Form of	organization [Corporation ☐ Trust		· T	of legal domicile TX			
Р	art I	Summa	ary		I				
	1	Briefly de	scribe the organization's mission or most significant activities: A NON-	PROFIT TRA	ADE ASSO	CIATION ENGAGED			
e			ROMOTION AND ADVANCEMENT OF THE STUCCO, LATH, PLASTER AND E						
Governance						***************************************			
/eri	2	Check thi	s box ▶☐ if the organization discontinued its operations or disposed of	f more than	25% of i	ts net assets.			
Ó	3		of voting members of the governing body (Part VI, line 1a)		3	13			
•ర	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	13			
ties	5	Total num	nber of individuals employed in calendar year 2017 (Part Y, line 29)	EIVED	5	1			
Activities	6	Total num	nber of volunteers (estimate if necessary)		706	13			
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12 மு	' - ' - 03B '	7a	0			
	b	Net unrela		0 8 SOJR	₫b	0			
			山	Prior Ye	ar	Current Year			
Revenue	8	Contribut	ions and grants (Part VIII, line 1h)	EN II	88,050	99,046			
	9	Program :	service revenue (Part VIII, line 2g)						
ě	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)		20	36			
Œ	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,810	71,444			
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,880	170,526			
	13	Grants an	id similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)						
S	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,298	50,101			
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)						
×	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶						
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,751	47,139			
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		89,049	97,240			
	19	Revenue l	less expenses. Subtract line 18 from line 12		75,831	73,286			
Net Assets or Fund Balances			В	eginning of Cu	rrent Year	End of Year			
sets	20	Total asse	ets (Part X, line 16)		139,433	212,719			
d As	21	Total liabi	lities (Part X, line 26)		0	0			
			s or fund balances. Subtract line 21 from line 20		139,433	212,719			
Pa	art II	Signati	ure Block						
			y, I declare that I have examined this return, including accompanying schedules and statem			y knowledge and belief, it is			
tru	e, correc	t, and comple	te Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowl	edg e 				
			Chad Dupree			2 / 2018			
Sig		, ,	ture of officer	Da	te				
He	re		Chad Dupree						
			or print name and title						
Pa	id	Print/Typ	e preparer's name Preparer's supplemental Date	1	Check 🗸				
	epare	TROY SI	MITH A	128 18	self-empl	P01478072			
	e Onl	V Firm's na		Firm	's EIN ▶				
		Firm's ad	ldress ► 1828 LAKE GLEN TRAIL, MANSFIELD, TEXAS 76063	Pho	ne no	817 239-9717			
Ma	y the IF	RS discuss	this return with the preparer shown above? (see instructions)			🗹 Yes 🗌 No			

Form 9					Page 2
Part	Ш	Statement of Program Service		III	
1	Brie	Check it Schedule O contains a r	esponse or note to any line in this Pa	<u>irt III </u>	<u>· · · Ц</u>
•		,			
	131113				
2	prio	Form 990 or 990-EZ?	ificant program services during the yea		∕es ☑ No
3	Did	es," describe these new services on the organization cease conducting ices?	Schedule O. g, or make significant changes in ho		res ☑ No
		es," describe these changes on Sch			ies 🖭 iio
4	Des expe	cribe the organization's program se	rvice accomplishments for each of its 4) organizations are required to report		
4a	(Cod	le:) (Expenses \$	including grants of \$) (Revenue \$)
	(Coc	le:) (Expenses \$	including grants of \$) (Revenue \$)
					
4c	(Coc	le:) (Expenses \$	including grants of \$) (Revenue \$)
		······································			

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ▶

Checklist of Required Schedules

Part IV

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
J	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	<u> </u>		
	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	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		/
Ū	complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	İ		
	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			/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	 -
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.		î	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	✓	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		· ✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f		11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,
h	Schedule D, Parts XI and XII	12a		-
~	"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	, p , s = 1, p , s = 1	14a		1
b	0,			
	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		1
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	•	/
		19	ليسيب	└ `─

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>
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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	 -		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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			1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
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		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
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		✓
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		✓
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		√
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
35a	or IV, and Part V, line 1	34	✓	
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	35a		√
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	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	_	
			990	(2017)

Part				
	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 1a 4		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		•	
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	L
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			اـــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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			
L	account)?	4a		-
þ	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).	 - <u>-</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
a	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		✓
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 to file Form 8282?	7с		-
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? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		V
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		·
10	Section 501(c)(7) organizations. Enter:	1 ,		
a	Initiation fees and capital contributions included on Part VIII, line 12		i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:		. !	
11 a	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.)	, ,	, i	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	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	*		}
С	Enter the amount of reserves on hand	.		}
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		
			1990	(2017)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See											
0 4	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	<u>. </u>								
Sect	on A. Governing Body and Management											
10	Enter the number of veting mouth on of the movement had not the set of the se		Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?											
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		1								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1								
6	Did the organization have members or stockholders?	6	1									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,	٠, د									
a	The governing body?	8a	✓	<u> </u>								
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	·	1								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>ie C</u>										
40-	Did the approximation have been been boundary to make the second of the		Yes	No								
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1								
11a	the state of the s	11a		1								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a b	Market and the second of the s	12a 12b		1								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	_									
13	Did the organization have a written whistleblower policy?	13		1								
14 15	Did the organization have a written document retention and destruction policy?	14		✓								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
a		15a	✓									
b 16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	, i.	✓								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	401										
Section	on C. Disclosure	16b										
17 18	List the states with which a copy of this Form 990 is required to be filed ▶		\(C\)									
10	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. Own website Another's website Upon request Other (explain in Schedule O)	ວU1(0)(3)S	only)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	rest p	oolicy	, and								
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	>									

Form 990 <i>(2</i> 01	71	

ſ	ວລເ	16	1

	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors	

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

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

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

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)	box, office Individua	unles	Pos neck ss pe	rson Irect	Highest compensated employee	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
(1) CHAD DUPREE, PRESIDENT	4			1		!		o	0	0
(2) ANDY BOYD, VICE PRESIDENT	3			1				0	0	0
(3) JOE KERLEE, SECRETARY/TREASURER	3			✓				0	0	0
(4) TANNER SPEARS, IMMEDIATE PAST PRES	3			1				0	0	0
(5) DAVID LONG, DIRECTOR	2	√						0	0	
(6) KEVIN MAXWELL, DIRECTOR	2	✓						0	0	0
(7) DAVID MOUTON, DIRECTOR	2	1						0	0	0
(8) FLAVIO RONZANI, DIRECTOR	2	1						0	0	0
(9) RICK DURHAM, DIRECTOR	2	1	i					0	0	0
(10) JASON EVANS, DIRECTOR	2	\						0	0	0
(11) COLE HORD, DIRECTOR	2	\						0	0	0
(12) CODY LABURE, DIRECTOR	2	\						0		0
(13) MARK KOSKI, DIRECTOR	2	/						0	0	0
(14)										<u>~</u>

Part	Section A. Officers, Directors, Trust (A)	tees, Key E (B)	! !		(e Pos	C) ition	lighe:		compensated E	mployees (contil (E)	nued)	(F)	
	Name and title	Average hours per week (list any	box, office	unles er and	ss pe	rson	is both	n an tee)	Reportable compensation from	Reportable compensation from related	npensation from amou related oth		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	ensation om the nization related nization)
(15)					_								
(16)													
(17)													
(18)													
(19)													
(20)					-								
(21)													
(22)											 		
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A					> > >	0				0
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w			00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							mp	oloyee, or high	est compensate	ed 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												\
5	Did any person listed on line 1a receive of for services rendered to the organization?		•				-		. •	ation or individu			
	on B. Independent Contractors					_							
1	Complete this table for your five highest compensation from the organization. Repyear.												ix
	(A) Name and business add	ress							(B) Description of so	ervices	(C) Compens	ation	
NONE													
	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	ne or	gani	ızati	on I			00		For	n 990	(2017)

	990 (20						Page
Par	t VIII						
	•	Check if Schedule O contains a re	sponse or note	to any line in thi (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ıts	1a	Federated campaigns 1a		 	reveilde	 	512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		5			
s, G	C	Fundraising events 1c			1 to 1	,	. , .
Sift	d	Related organizations 1d		1 -*		9- 4	,
is,	e	Government grants (contributions) 1e		1			y 3
tior sr S	f	All other contributions, gifts, grants,		·	,	, ,	r.
혈	•	and similar amounts not included above 1f		1		4	-
Contributions, and Other Simi	g	Noncash contributions included in lines 1a-1f. \$		1 .			
	h	Total. Add lines 1a-1f	<u> </u>	99,046	5		, ,
Program Service Revenue			Business Code			-	
e e	2a						
ě	b						
ξ	С						
Se	d						
E	е						
õ	f	All other program service revenue.				<u></u>	
	<u>g</u>	Total. Add lines 2a–2f	<u> </u>		`		,
	, s	Investment income (including dividendent and other similar amounts)					
		•		36	<u> </u>		3
	4 5	Income from investment of tax-exempt b	•				
	3	Royalties	(ii) Personal			ļ.,	
	6a	Gross rents	(ii) r ersorial		×		,
	b	Less: rental expenses		.	, , 2	A 184. 1	× 1
	C	Rental income or (loss)	 	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,	A CONTRACTOR OF	
	d	Net rental income or (loss)			<u></u>	* ' · · ·	1*
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory	(1) 5 11.01	, , , , , ,			
	b	Less: cost or other basis		,		~ .	1 6 6 5 2
		and sales expenses .				7 7 7	, ,
	С	Gain or (loss)]			,
	d	Net gain or (loss)	•		I hadron the other standards and other standards		
0				, ja	.,	* *	y- 4 ()
Ž	8a	Gross income from fundraising		Se 4	" - "	3.4	* *
×e		events (not including \$			الم في ماري		
ř		of contributions reported on line 1c).		,			114
Other Revenue		See Part IV, line 18 a	168,460				
5		Less: direct expenses b	97,016				
		Net income or (loss) from fundraising	events . ►	71,444	à		71,444
	ya	Gross income from gaming activities.		" y ut'	The state of the s	alman (july)	
		See Part IV, line 19 a		1.	. 4		2/
	b	Less: direct expenses b			<u></u>		· · · · · · · · · · · · · · · · · · ·
	C	Net income or (loss) from gaming act	ivities ▶				
1	iua	Gross sales of inventory, less returns and allowances a					
-	h	_					h 18
	b	Less: cost of goods sold b Net income or (loss) from sales of inv		· · ·		· · · · · · · · · · · · · · · · · · ·	
}	C	Miscellaneous Revenue	Business Code				
}	11a	THE STATE OF	Duanicas Code				
	b			· ·			
	c		 				
1	d	All other revenue		 -		 -	
	_			·			

170,526

e Total. Add lines 11a–11d . . . 2 Total revenue. See instructions.

Form 99	0 (2017)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	` Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		
Do no 8b, 9b	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				,
2	Grants and other assistance to domestic Individuals. See Part IV, line 22	1,500		,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	38,833			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,917			
10	Payroll taxes	5,351			ļ
11	Fees for services (non-employees):				
а	Management			<u> </u>	
b	Legal				ļ
C	Accounting	2,900			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			 	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	5,927			
14	Information technology	4,968			
15	Royalties				
16	Occupancy	5,107			
17	Travel			<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,965		ļ	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			 	
23	Insurance	3,332		 	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				,
	line 24e amount exceeds 10% of line 25, column			· .	
	(A) amount, list line 24e expenses on Schedule O.)			<u> </u>	
а	Credit Card Processing Fees	4,545			<u> </u>
b	Dues and Subscriptions	12,416		L	<u> </u>
C	Membership Services	2,937		<u> </u>	<u> </u>
d	Postage	1,542		<u> </u>	<u> </u>
е	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	97,240		 	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	68,378	1	148,685
	2	Savings and temporary cash investments	71,055	2	64,034
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
Ş.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 41,052		3	
	ь	Less: accumulated depreciation 10b 41,052		10c	0
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	139,433	$\overline{}$	212,719
_	17	Accounts payable and accrued expenses	100,400	17	212,713
	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	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	2
Ë	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			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	0		0
Ses		complete lines 27 through 29, and lines 33 and 34.		}	
ä	27	Unrestricted net assets		27	
Sal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	,		
Š	30	Capital stock or trust principal, or current funds		30	
sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	139,433		212,719
~	34	Total liabilities and net assets/fund balances	139,433		212,719

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		,	
1	Total revenue (must equal Part VIII, column (A), line 12)		17	0,526
2	Total expenses (must equal Part IX, column (A), line 25)		ģ	97,24 <u>0</u>
3	Revenue less expenses. Subtract line 2 from line 1		7	3,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		13	9,433
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		21	2,719
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," explain in			
_	Schedule O.			
2a	The same of the sa	2a	<u>√</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		·	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
D	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 audited on a separate basis, consolidated basis, or both:		ì	
	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 accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in	20	<u> </u>	
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ju	the Single Audit Act and OMB Circular A-133?	3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			1990	(2017)
		. 3		,,

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

| ବ

OMB No. 1545-0047

Open to Public Inspection

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	other de riende organizatione	marinavo mos i mos i om oros joison	on under scotlon con	(iii). Complete i dit ii D.	o not complete i alt ii 7t.
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox	y Tax) (see separate	e instructions) or Form	990-EZ, Part V, line 35c (Proxy
	• "	anizations: Complete Part III.			
	of organization			Employer	dentification number
ΓEXAS	S LATHING AND PLASTERI	NG CONTRACTORS ASSOCIATION			74-1172971
Part		e organization is exempt und	ler section 501(c) or is a section 52	
1	Provide a description or definition of "political car	f the organization's direct and in mpaign activities")	ndirect political ca	mpaign activities in I	Part IV. (see instructions for
2		ty expenditures (see instructions)			\$
_3		cal campaign activities (see instru			0
Part	I-B Complete if th	e organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶	\$
2		excise tax incurred by organization			\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🗌 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			
1	activities	tly expended by the filing organi			\$ 0
2	Enter the amount of the 527 exempt function acti	filing organization's funds contri	-		\$ 0
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2	2. Enter here and		\$ 0
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes ✓ No
5	organization made payme the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro fund or a political action committed	enter the amount pmptly and directly	paid from the filing org delivered to a separat	ganization's funds. Also enter te political organization, such
_	(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-
(1)			1		
(2)					
(3)					
(4)			•		
(5)			-		
(6)			-		+

Par	t II-A	Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A C	Chèck ►	if the filing organization below address, EIN, expenses, and				liated group memb	er's name,
B C	Check ▶	☐ if the filing organization chec	ked box A and	"limited control" p	rovisions apply.		
		Limits on Lob (The term "expenditures" π			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total I	obbying expenditures to influence					
b		obbying expenditures to influence	•		-		
c		obbying expenditures (add lines	•	• •			
	d Other exempt purpose expenditures						
e		exempt purpose expenditures (ad					
f	Lobby	ring nontaxable amount. Enter					
	colum	ns.			 -		
	If the a	mount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amoun	nt is:	1	i 1
		er \$500,000		mount on line 1e.		,	
	Over \$	500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.	, ' (7,
	Over \$	1,000,000 but not over \$1,500,000		s 10% of the excess		* '	*
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	over \$1,500,000)	
		17,000,000	\$1,000,000.				
ç	•	roots nontaxable amount (enter 2	•			<u> </u>	
ł		act line 1g from line 1a. If zero or		· · · · · ·		<u></u>	
i		act line 1f from line 1c. If zero or l		· · · · · ·		L	
į		e is an amount other than zeroing section 4911 tax for this year		1h or line 1i, di			Yes No
	(Son	ne organizations that made a se See th	ection 501(h) e e separate ins	tructions for lines	ve to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbyin	g Expenditure	s During 4-Year A	veraging Period		
	Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
28	a Lobby	ring nontaxable amount					
t —		ving ceiling amount 5 of line 2a, column (e))	·				
	Total	obbying expenditures					
	d Grass	roots nontaxable amount					
		roots ceiling amount 6 of line 2d, column (e))					
1	Grass	roots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

	e C (Form 990 or 990-EZ) 2017 II-B • Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	Page 1 5768
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			*
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
۲ د	Mailings to members, legislators, or the public?			
d e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
i	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		-	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5).	or se	ction
	501(c)(6).	(-//		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 /
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3 🗸
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."	R (b)		: III-A, line 3, is
1	Dues, assessments and similar amounts from members	أما	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	от		
а	Current year		2a_	<u> </u>
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		_3_	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ing		
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part				
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Par	t II-A, lines 1 and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
. - <i>-</i>				

Scriedule C (Fori	11 990 or 990-EZ) 2017	Page 4
Part IV	· Supplemental Information (continued)	
•		

		·
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	^	
	~	
	,	
·		

### 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.

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

OMB No 1545-0047 20**17** 

Open to Public Inspection

Employer identification number

TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION 74-1172971 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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? . . . . . . 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 Part II 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. 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) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 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 5 violations, and enforcement of the conservation easements it holds? 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, ched	ck any of th	e follov	ving that are a	significant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	rams		
b	Scholarly research		е	☐ Othe	r				
C	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the org	anization's exe	mpt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta						_	□ No
Part							· <u>·</u>		
	Complete if the organization	n answered "Yes'	" on Fo	m 990, l	Part IV, line	9, or	reported an ai	mount on Fo	orm
	990, Part X, line 21.	<del></del>						. <u> </u>	
1a	Is the organization an agent, trustee included on Form 990, Part X? .							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able:				
							A	Amount	
С	Beginning balance					1c			
ď	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		<u>_</u> _	
2a	Did the organization include an amou							•	□ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .	· · ·	
Par		1 457				4.0			
	Complete if the organization	(a) Current year					(d) Thurs were been	k (e) Four yea	
4	Designation of coordinate	(a) Current year	(D) Pr	or year	(c) Two year	s dack	(d) Three years bac	(e) Four yea	rs dack
1a	Beginning of year balance		<del></del>					<del></del>	
b	Contributions		<del></del>		<del> </del>				<del></del>
С	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and						<del></del>		
	programs					ĺ			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)	) held a	as:		
а	Board designated or quasi-endowmer	nt ►	%						
b	Permanent endowment ▶	%	-						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held a	and adı	ministered for tl	ne	
	organization by:							Yes	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related of							_3b_	
4	Describe in Part XIII the intended uses		n's end	owment fu	unds.				
Part				000 5	5 4 B / Po	44 - 4	F 000	D 1 1 1 1	10
	Complete if the organization			1"					
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated preciation	(d) Book val	ue
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				41,052		41,052		0
е	Other			L					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part	K, column	(B), line 10	c.)	▶ 🗀	-	0

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on	Form 990 Part IV line	11b See Form 990 Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial		•	
(0) (0)	neld equity interests		
(3) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12 ) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			<u>-</u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)		····	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b) Book val	ue	
(1) Federal	ncome taxes		ورد کار بورج اورد راه بهای و در ورد در بورد
(2)			
(3)		, , ,	
(4)			
(5)		, ,	The state of the s
(6)			
(7)			
(8)		, ·	
(9)			Ang Ang Ang
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		,1 2,
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's	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	e footnote has been provided in Part XIII

Pari	·	5 . 0 . 0	
	Complete if the organization answered "Yes" on Form 990, I		
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:	L = 1	1
а	Net unrealized gains (losses) on investments	2a	4
ь	Donated services and use of facilities	2b	<u> </u>
C	Recoveries of prior year grants		1 1
d	Other (Describe in Part XIII.)		4
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	1
b	Other (Describe in Part XIII.)	_4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	Reconciliation of Expenses per Audited Financial Statem		er Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	<u> </u>
C	Other losses		1 1
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	Other (Describe in Part XIII.)	4b	
C	Add lines <b>4a</b> and <b>4b</b>		4c
			<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information.	e 18.)	
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information.	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	o; Part V, line 4; Part X, line

Schedule D (Fo	rm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
·		
<b>-</b>		

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions. **Employer identification number** 

TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION 74-1172971 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e 

Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

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

Part II

Гс	ırt II	Fundraising Events. Cor	nplete if the organization	on answered "Yes" on	Form 990, Part IV, line	e 18, or reported more
	•	than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONVENTION	FALL EVENTS		(add col (a) through
4			(event type)	(event type)	(total number)	col <b>(c)</b> )
nű		_				
Revenue	1	Gross receipts	130,900	37,560	· · · · · · · · · · · · · · · · · · ·	168,460
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus				<del></del>
		line 2)	130,900	37,560		168,460
	4	Cash prizes				
	_					
	5	Noncash prizes	7,885			10,291
es	6	Rent/facility costs	42.222	4 405		47.007
ens	"	Tiendiacinty costs	43,222	4,465		47,687
Ϋ́	7	Food and beverages	9,668	2,957		12,625
Direct Expenses		•				
	8	Entertainment	14,018	<u>2,519</u>	<u> </u>	16,537
		<b>-</b>				
	9	Other direct expenses .	7,721	2,155		9,876
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)	<b>.</b>	97,016
	11	Net income summary. Subtra				71,444
Pa	rt III	Gaming. Complete if the				reported more
		than \$15,000 on Form 9	90-EZ, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				- Billigo/progressive singe		
æ	1	Gross revenue				
	·	0.000.00000				
es	_				<u> </u>	
	2	Cash prizes				
ens	2	·				
xbens	3	Cash prizes				
ct Expenses	3	Noncash prizes				
Direct Expens		·				
Direct Expens	3	Noncash prizes				
Direct Expens	3	Noncash prizes	☐ Yes %	☐ Yes %	☐ Yes %	
Direct Expens	3	Noncash prizes	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes%	
Direct Expens	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	□ No	☐ No	□	
Direct Expens	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses .	□ No	☐ No	□	``
Direct Expens	3 4 5 6 7	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ac	No Id lines 2 through 5 in co	No olumn (d)	□ No <b>&gt;</b>	., ,
Direct Expens	3 4 5 6	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	No Id lines 2 through 5 in co	No olumn (d)	□ No <b>&gt;</b>	
6 Direct Expens	3 4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ac	No Id lines 2 through 5 in co	No olumn (d) ne 1, column (d)	□ No	
Direct	3 4 5 6 7 8 En	Noncash prizes	No Id lines 2 through 5 in conducts ga	No olumn (d) ne 1, column (d) ming activities:	□ No	Yes   No
6 Direct	3 4 5 6 7 8 En	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act of the gaming income summare the state(s) in which the order the organization licensed to co	No Id lines 2 through 5 in conducts ga	No olumn (d)	□ No	🗌 Yes 🗌 No
6 Direct	3 4 5 6 7 8 En	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act of the gaming income summare the state(s) in which the order the organization licensed to co	No Id lines 2 through 5 in conducts games and activities	No olumn (d)	□ No	🗌 Yes 🗌 No
Direct	3 4 5 6 7 8 En	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act  Net gaming income summare  ther the state(s) in which the or the organization licensed to co	No Id lines 2 through 5 in concept.  y. Subtract line 7 from linganization conducts gaponduct gaming activities	No olumn (d) ne 1, column (d) ming activities: s in each of these states	□ No ▶ ▶	
Direct 9	3 4 5 6 7 8 a ls s	Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act Net gaming income summare the state(s) in which the or the organization licensed to co "No," explain:  ere any of the organization's game and the organization in the organization's game any of the organization's game any of the organization's game in the organization in in the o	No Id lines 2 through 5 in concept.  y. Subtract line 7 from linganization conducts gaponduct gaming activities	No  olumn (d)  ne 1, column (d)  ming activities: s in each of these states , suspended, or termina	No  S?  ated during the tax year	Yes   No

Schedu	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

### SCHEDULE 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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

name of the organization	Employer identification number
EXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION	74-1172971
he organization maintains copies of its governing documents and financial statement	s which are available for public inspection
oon request	
	····
	·····
	•

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

Name of the organization

TEXAS LATHING AND PLASTERING CONTRACTORS ASSOCIATION

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**Employer identification number** 

74-1172971

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets Private Foundation N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)(3) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity Texas Primary activity Educational For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Texas Lathing & Plastering Educational Foundation EIN#42-1544204 P O Box 152282, Arlington, TX 76015 (a)
Name, address, and EIN of related organization Part II Part € 9 ල 9 € Ξ 2 ව 0 9 2

Numa, address, and RN of matter organization of Pelated Organizations Taxable as a Corporation of Pelated Organization of Pelated Organizations Telegracian of Pelated Organization of Pelated Organizations Telegracian of Pelated Organization of Pelated Organization Organization of Pelated Organization Organization of Pelated Organization Organization of Pelated Organization Organization Organization of Pelated Organization Organiza	Part III lo	Identification of Related Organizations Taxable as a Partnership Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year	lelated Organiza or more related	itions Taxab organization	le as a F s treated	artnership ( as a partner	complete if the ship during the	e organiz e tax yea	ation answ	ered yes	is a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 sated as a partnership during the tax year.	), Part IV	, line ζ	4
The companies of the	Name, adc related	(a) fress, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign country)				(f) Share of total income						(k) Percentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, ware address, and EN or related organizations treated as a corporation or trust during the tax year.    In a 34 because it had one or more related organizations treated as a corporation or frust during the tax year.   (a)   (b)   (b)   (c)	(1)			-						Yes	ON.	Yes	L 1 _	
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  Name, address, and EN of related organization artivoty (pate of fring) county) activoty (pate of fring) county) activoty (pate of fring) county) (page of entry organization) (pag	(2)													
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust clump the tax year.  In 194 because it had one or more related organizations treated as a corporation or trust clump the tax year.  In 194 because it had one or more related organizations treated as a corporation or trust convoluing to the organization answered "Yes" on Form 990, least organization and "Yes" on Form 990, least organization answered "Yes" on Form 990, least organization answered "Yes" on Form 990, least organization and "Yes" on Form 990, least organization answered "Yes" or Form 990, least organization and "Yes" or Form 990, least organization and "Yes" or Form 990, least organization and "Yes" organization and "Ye	(3)													
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.    Interest and EN of related Organization   Primary activity   Primary ac	(4)													
It dentification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.    An ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.    Both   B	(9)													
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EN of related organization  (b) Name, address, and EN of related organization  (c) Type of entity (c) Sorp, or bust)  (d) (e) Proceedings (c) Sorp, or bust)  (d) (e) Procedings (c) Sorp, or bust)  (d) (e) Procedings (c) Sorp, or bust)  (e) (f) Procedings (c) Sorp, or bust)  (f) (f) Procedings (c) Sorp, or bust)  (g) (f) Procedings (f) Pr	(9)				+	-								
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and ElN of related organization  (b) Name, address, and ElN of related organization  (c) Super of ntity (c) Sup	(D)				_									
Name, address, and EN of related organization   Primary activity   Legal dominile   Primary activity   Legal dominile   Primary activity   Legal dominile   Primary activity   Statie of foreign country   Primary activity   Primary ac		dentification of Fine 34 because it	Related Organizated or more	tions Taxab	le as a (	Sorporation treated as a	or Trust Corr corporation o	nplete if the	e organiza ring the tax	tion answ year.	ered "Yes" on	Form 99	30, Part	t IV,
	Name, ac	(a) ddress, and EIN of related	d organization	(b) Primary activ		(c) Legal domicile state or foreign country	(d) Direct controllinently	ng Typ (C corp, \$	(e) e of entity corp, or trust)	(f) Share of total income	(g) Share of end-of-year asset	(h) Percentages s ownersh	ge Section	(f) Section 512(b)(13) controlled entity?
													Yes	s No
(3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)													
(4) (5) (6) (6) (7) (7)	(2)													
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(3)													
(5) (6) (7) (7)	(4)													
(θ)	(5)													
ω	(9)											ļ ———	<u></u>	
	ω													

	rganizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (Form 990) 2014	Part V Transactions With Related Organizations C

- 1				2	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			92	Si L	<u> </u>
I Duffilg the tax year, and the organization engage in any of the following transactions with one of more related organizations listed in Farts i⊟V or a Poceint of the interest fill annuities. (iii) annuities fill annuities or filly sent from a controlled entity.	one or more related orgal	nzations iisteu in Paris	. <u> </u>	6	1
				0	>
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	>
<b>c</b> Gift, grant, or capital contribution from related organization(s)				10	>
				3	
	•			3	•
e Loans or loan guarantees by related organization(s)				<u>1</u> е	>
					_
f Dividends from related organization(s)				7=	>
<b>a</b> Sale of assets to related organization(s)				10	>
	•	· · · ·	· · ·	. <del>.</del> 4	
				<u> </u>	>
i Exchange of assets with related organization(s)				≔	>
j Lease of facilities, equipment, or other assets to related organization(s)				1]	/
k Lease of facilities, equipment, or other assets from related organization(s)				<b>+</b>	>
		•		=	
_	(e)				>
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).</li> </ul>				> uL	-
<b>o</b> Sharing of paid employees with related organization(s)				10	>
p Reimbursement paid to related organization(s) for expenses				10	>
	•	•		P	>
	•			7	•
r Other transfer of each or present to related exemination(e)				3	1
				=   ;	<u> </u>
اړ				J.	>
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.	ships and transactic	on thresh	olds.
(a)	<b>9</b>	(2)	(D)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	y amount inv	volved
Texas Lathing & Plastering Educational Foundation - Texas Lathing and Plastering Contractors  (1) Association solicits scholarship donations for the Educational Foundation	_	1,350			
Foundation of District Calcinoting Country of Country of the Country of Country Country Country Country Country					
(2) Plastering Contractors Association	<u></u>	0			
(4)					
(5)					
(9)					
			Schedule R (Form 990) 2014	(Form 99	30) 2014

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of gross revenue) that was not a related organization. See instituctions regarding excusion of certain investment parties in parties	gariizationi. See	(6)	Sharing evenus	9 50 101	(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a)	3		6	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners		Share of	Disproportionate		General or	
		(state or foreign	income (related,	section 501(c)(3)	-	end-of-year assets	allocations?		managing partner?	ownership
		(6)	from tax under	organizations?				(Form 1065)		
			sections 512-514)	Yes No			Yes No	To	Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
(i)										
(8)										
(6)			į			,				
(10)										
(11)										
(12)										
(13)										
(14)										
(15)			_							,
(16)						i				
	; ;;	] ! ::						Sche	edule R (Fo	Schedule R (Form 990) 2014

Schedule H (H	-om 990) 2014	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
·		