EXTENDED TO FEBRUARY 15, 2019

					•	
- 1	D - 4	-4	O	lian Evan	<b></b>	Income Tax
•	Reflirn	OT	Urganizai	ion Exem	nt From	income rax
/	11014111	٠.	O gamza	HOIL EXCIII	Pt 1 1 0 1 1 1	mooning rax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	2017 calendar year, or tax year beginning APR 1, 2017 and	ending	MAR 31, 2010					
В	Check if	C Name of organization		D Employer identifie	cation number				
	Addres	OMAHA PLUMBERS JOINT APPRENTICESHIP F	UND_	47.0	F ( 1 ( 2 )				
<u> </u>	Name chang Initial		1	_	561638				
느	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1					
	Final return/ termin		l	402-	734-6274				
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	412,404.				
	Amend	OMAHA, NE 0811/		H(a) is this a group re					
L	Applic	F Name and address of principal officer DOBEFH TESHACK		for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-exe	empt status 501(c)(3) 501(c)( 5) ◀ (insert no.) 4947(a)(1)	or [	If "No," attach a	list (see instructions)				
<u>J</u> \	Websit	e: ► N/A		H(c) Group exemptio	n number 🕨				
		organization: Corporation X Trust Association Other ▶	L Yea	r of formation: 1974 N	State of legal domicile: NE				
P	art I	Summary							
5	1	Briefly describe the organization's mission or most significant activities: PROV	IDE T	RAINING TO A	PPRENTICE				
7₽		AND JOURNEYMEN PLUMBERS.							
~Ë	2	Check this box   if the organization discontinued its operations or dispo	sed of moi	re than 25% of its net as	sets.				
~8	3	Number of voting members of the governing body (Part VI, line 1a)		3	4				
<u>ي</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4				
≥.8 ∑.8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	15				
~ <u>ĕ</u>	6	Total number of volunteers (estimate if necessary)		6	0				
Ľŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
<b>Z</b> ⋖		Net unrelated business taxable income from Form 990-7, time:34/ED		7b	0.				
Activities & Governance 19	<b></b>	KEUEIVED		Prior Year	Current Year				
׆ ֞֞֞	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) FEB 1 2 2019		0.	0.				
Revenue	1	Program service revenue (Part VIII, line 2g) FEB 1 2 2019		368,324.	387,400.				
eve	1	Investment income (Part VIII, column (A), lines 3 4, and 7d)	8,217.						
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,9c 10 ant 11		7,748.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		376,072.	395,617.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
w	1		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	113,756.						
per	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>  -	192,036.	216,935.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		278,244.	330,691.				
	1	Revenue less expenses. Subtract line 18 from line 12		97,828.	64,926.				
- S		Trevende less expenses. Subtract line 10 from line 12	R	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		655,414.	726,373.				
Ass	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.				
₹₹	22	Net assets or fund balances Subtract line 21 from line 20		655,414.	726,373.				
	art II	Signature Block		000/1110	72075751				
		Ities of perjury, I declare that I have examined this return, including accompanying schooling	as and stator	ments, and to the heat of m	v knowledge and belief, it is				
	-	t, and complete. Declaration of oreparer (other than officer) is based on all information of w			, momorge and some, it is				
	, 0000	A lossof leshood		2-1	-19				
Sig	n	Signatule of officer		Date					
Her		JOSEPH TESHACK, CHAIRMAN							
	•	Type or print name and title			<del></del> -				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	d	DEYNA C. ROUSE XUNG Chow	ا ⁄ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	01/30/19 if self-employe	P00363036				
	parer	Firm's name LUTZ AND COMPANY PC	<del> </del>	Firm's EIN	47-0625816				
	Only	Firm's address 13616 CALIFORNIA ST STE 300							
		OMAHA, NE 68154-5336		Phone no. 4 0	2-496-8800				
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 20	X Yes No				
	01 11-2		ons.		Form <b>990</b> (2017)				
		· · · · · · · · · · · · · · · · · · ·			, , , ,				

	990 (2017) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND 47-0561638 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission PROVIDE TRAINING TO APPRENTICE AND JOURNEYMEN PLUMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$304,660. including grants of \$) (Revenue \$387,400.) TO PROVIDE TRAINING AND A FACILITY FOR TRAINING FOR APPRENTICE AND JOURNEYMEN PLUMBERS BELONGING TO PLUMBERS LOCAL UNION NO. 16.
4b	(Code) (Expenses \$
	· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$
	·
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 304.660.

Form **990** (2017)

 $\Delta \Delta \Delta$	(2017)	

# Form 990 (2017) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND Part IV Checklist of Required Schedules

47-0561638

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
	If "Yes," complete Schedule A	1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		۱.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٠,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		<b>.</b>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	X	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<del></del>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	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			<del></del>
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>.</u> _
	complete Schedule G, Part III	_19_	000	X
		Earm	JUIL	(2017)

Form 990 (2017) OMAHA PLUMBERS JOI
Part IV Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1.00	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<del></del>
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		i	
_ ,,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b> -
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۔۔ ا
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u></u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		١	
	Part V, line 1	34	X	<b> </b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del>                                     </del>	X
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	<u> </u>	<del> </del>
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	$\vdash$	<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	<b>.</b>
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		·	L (2017)
		1 01111	-550	(411)

Form 990 (2017) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND
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

	Check if Scriedule O contains a response of note to any line in this part v					<u></u>					
	•	ı	1	1000	Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	1a	0	1,5	و و						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>	, ^ las.							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming	A) 2.1	à.						
	(gambling) winnings to prize winners?	1	ı	1c	*	2 . 2 2 . 7					
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				1,2						
	filed for the calendar year ending with or within the year covered by this return	_2a	15	, , , , , , , , , , , , , , , , , , ,	'at`a '						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		•	2b	<b>X</b>						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3а	· · · · · · · · · · · · · · · · · · ·										
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X 733					
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 A	Accour	nts (FBAR)	~ _~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Sec. 18	7.18					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action	)	5b		X					
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 to	he org	anızatıon solicit								
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>					
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	or gifts								
	were not tax deductible?			6b	ж. «						
7	Organizations that may receive deductible contributions under section 170(c).				۰, ^						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X					
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired								
	to file Form 8282?	1	I	7c	. ~	X					
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_ 7d_		, , , , , , , , , , , , , , , , , , ,	7 \$73	1,55 2007					
· e			ct?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		<del></del>					
' g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<del> </del>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	70. <sub>10.</sub> 70. 3	ج\$ ۱۶۶۰ چ					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			r i					
_	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.				, ,	2.7.3					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<del> </del>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		. , 45					
10	Section 501(c)(7) organizations. Enter	۔ مدا	I	, ,							
	Initiation fees and capital contributions included on Part VIII, line 12	10a				- 3 i					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	[ξ <sup>3</sup> ] y	, ,						
11	Section 501(c)(12) organizations. Enter	1 445	1	, , ,	~ \$ _ ·						
-	Gross income from members or shareholders	11a		***, ** , ** ,	33.70	1, 3					
Ð	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	•	17,97 3,315 **	22.00 22.00 20.00	, ,					
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	!	12a	, 500, >	, , , , , , , ,					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	33	,°, ×,	43°1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l		50 E						
	Is the organization licensed to issue qualified health plans in more than one state?		١	13a	· · ·	3** 3 * 3					
а	Note. See the instructions for additional information the organization must report on Schedule O			· *, 5	₹	3,80,59					
h	Enter the amount of reserves the organization is required to maintain by the states in which the			3	‱ 3× √ 3 ″,″	14					
J	organization is licensed to issue qualified health plans	13b	, ·								
_	Enter the amount of reserves on hand	13c		** } }	gart.	. 45 H					
	Did the organization receive any payments for indoor tanning services during the tax year?		· · · · · · · · · · · · · · · · · · ·	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	6-						
						(2017)					

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check of Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
	•		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	£.,	۳ د ^ ^ 5 .	23,25							
	If there are material differences in voting rights among members of the governing body, or if the governing	in an	30, 3	3,77							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18, b	,	13. 1 1. 1 m/g							
b	Enter the number of voting members included in line 1a, above, who are independent	* "." * ", ", '									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	3.67	"» % »	, , ,							
	officer, director, trustee, or key employee?	2	. 4. ,	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
•	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	<u>.</u>										
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?										
~7a		6		X							
	more members of the governing body?	7a	_	X							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	77,7		 							
	The governing body?	 8a	X	^ 1							
	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )		*								
	,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7	٥,	7,							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	2	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	,								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
Ī	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	, ; ;	38° 5 '	***							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, , , , , , , , , , , , , , , , , , ,		, ), , , , , , , , , , , , , , , , , ,							
а	The organization's CEO, Executive Director, or top management official	15a	,,,& ,	X							
	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, ) `	, and ,	?? ^ ^ }							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	*,, , , , , , , , , , , , , , , , , , ,	ر م								
	taxable entity during the year?	16a	Wann er	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	13/40	1 2 2	2.7879							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	5.0°, '\", '\", '\", '\", '\", '\", '\", '\"	, , , , , , , , , , , , , , , , , , , ,								
٠.	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	ciat								
	statements available to the public during the tax year	- man									
 20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
20	JOSEPH TESHACK - 402-734-6274			-							
	4801 F STREET, OMAHA, NE 68117										

 $\alpha \alpha \alpha$	(2017)	

#### OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

47-0561638

age 7

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

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

A: A	O#: D	:4 7	V	′ <b></b>	-1		^	! E!
section A.	Officers, D	rectors. I	rustees. N	ev emi	Jiovees.	anu miunesi	Compensated	rembiovees

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 in	or any related	orga	anıza	tion	cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	_	cer an	dad	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	5	يو ا			턡		organization	(W·2/1099-MISC)	from the
	related	stee	raste			Beas		(W-2/1099-MISC)		organization
	organizations	altı	la la		ploye	5 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	ormer			organizations
(1) JOE TESHACK	1.00		┢╧		×	1 0	Ë			
CHAIRMAN	40.00	X		X				0.	90,483.	26,229.
(2) BRIAN PRINCE	1.00									
TRUSTEE		X						0.	0.	0.
(3) MARSHA BABCOCK	1.00									
SECRETARY		Х		X		<u> </u>		0.	0.	0.
(4) STEVE VOGEL JR	1.00		İ							li.
TRUSTEE	3.00	X	ļ_	L		<u> </u>		0.	1,455.	0.
		_			-		_			
		ł								
				_						
					-					
		_	-	_	ļ	ļ	_			
		<u> </u>		ļ	_	<u> </u>	_			
										<del></del>
		<u> </u>	_	_		<u> </u>				
		$\vdash$	-	<del> </del>		<del>                                     </del>				
		_		<u> </u>		<u> </u>	<u> </u>			
		ł								
	<u> </u>	_	<u> </u>		<b> </b>	<del>                                     </del>	ļ			
		ł								
	I	l	ı	l '	1	I	I	1		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ane	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) (B)					(0	C)			(D)	(E)	(F)	
	Name and title	Average	I (do not check more than one						Reportable	Reportable	Estimate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		of
		week (list any	$\vdash$		- a	l	17.0.03	100,	from the	from related organization		non.
		hours for	individual trustee or director				25		organization	(W-2/1099-MIS	· · · · · · · · · · · · · · · · · · ·	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	(** = *********************************	organizati	
		organizations	al frus	nal tr		r emptoyee	d e				and relate	ed .
		below line)	Jage 1	Institutional trustee	Officer	g	Highest compensated employee	Former			organizatio	ns
		1116)	Ĕ	Ĕ	5	Key	<u>₹</u> 5	윤				
			ł				l					
			├									
			ł									
			<del>                                     </del>		<u> </u>							
			İ									
							<u> </u>					
								l				
			_	_				L				
											ľ	
			-	<del> </del>	_		├	_			<del></del>	
			ł									
				├─		_	<del>                                     </del>	┢╌	·			
			1									
1b	Sub-total	1,			l		L	<u> </u>	0.	91,9	38. 26,22	29.
	Total from continuation sheets to Part V	I. Section A							0.		0.	0.
	Total (add lines 1b and 1c)	,						•	0.	91,9		
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le	
	compensation from the organization								· · · - · · · · · · · · · · · · · · · ·			0
											Yes	No
3	Did the organization list any former officer,		uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on	m ( 3, 1, 1, 1)	ķ.,,
	line 1a? If "Yes," complete Schedule J for s										3	X
4	For any individual listed on line 1a, is the su	•							•	the organization	, , , , , , , , , , , , , , , , , , ,	
_	and related organizations greater than \$15			-							4	<u>X</u>
5	Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	dual for services	1 " "1 "1"	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e <i>3 i</i>	OF SI	JCH	pers	son				5	
1	Complete this table for your five highest co	mnensated in	dene	ende	nt c	ontr	racto	ors t	that received more than	\$100 000 of corr	nensation from	
•	the organization Report compensation for										.,	
	(A)						_		(B)		(C)	
	Name and business	address	N	INC	3				Description of s	ervices	Compensation	ı
		<u>=</u>										
								-				
-								$\dashv$				
2	Total number of independent contractors (i	ncludina hiit n	ot lu	mite	d to	tho	se lis	l	d above) who received m	ore than	``````````````````````````````````````	;
-	\$100,000 of compensation from the organi		111		0		) ()		,			, , , , , , , , , , , , , , , , , , ,

Form 990 (2017) OMAHA P
Part VIII. Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a		"";, "\$",, " * " " " " " " " " " " " " " " " "			
ra m	b		1b					
s, Gra Amou	_	Fundraising events	1c					
	ں ۔	5 1 4 1	1d					
© =	d	<u>-</u>	<u> </u>	••				
Sins	е	Government grants (contribut						
후 a	f	All other contributions, gifts, gran	1 1					
들된		similar amounts not included abo	ve 1f		1. 15. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Contributions, Gif and Other Similar	g	Noncash contributions included in lines	s 1a-1f \$					
<u>0</u> <u>p</u>	<u>h</u>	Total. Add lines 1a-1f				-3-0a-18-08-0	1 1 th 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				Business Code				
e l	2 a	EMPLOYER CONTRI	BUTIONS	900099	368,799.	368,799.		
ه ₹:	b	FEES COLLECTED		900099	18,601.	368,799. 18,601.		
Program Service Revenue	c							
	d							
ğœ								
P.	f	All other program service reve	enue					
	g.				387 400.	34 MaRI (15/27/18	Banker	
	3	Investment income (including	dividende intere	<u>. F</u>	301,400.	, , , , , , , , , , , , , , , , , , , ,	V	7 (77 1 1 0
		other similar amounts)	dividends, intere	.st, and	4,995.			4,995.
	4	Income from investment of ta	v-evemnt hond r	roceeds	1,333.			1,000.
	5	Royalties	x exempt bond p	nocceds -		-		
	J	Hoyanies	(ı) Real	(II) Personal	* 6" U.S. (1983)	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35.7 7.7 7 8 7 7 7	* 175 (1) u.a.
		Gross rents	U neai	(ii) Fersonai				
	6 a							
	þ	•						l to Marketi
	C .	Rental income or (loss)				A CONTRACTOR OF THE CONTRACTOR	/# ```# ` \	[,,
	d _	, ,	[		1.32 * -27.313.783,		Cas Sage Cars	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	20,009.					higgada
	b	Less cost or other basis	16 707					
		and sales expenses	16,787. 3,222.					
	С	Gain or (loss)	3,222.	<u> </u>			, » , x ~ ~	``
	d	Net gain or (loss)			3,222.	2000 ft 3 100 ft. 20000 100000	**: , , ,	3,222.
힐	8 a	Gross income from fundraisin	g events (not					
ē		including \$	of		Min - 13: 1		B. List.	
ا في		contributions reported on line	1c) See		Kara Lari			
<u>.</u>		Part IV, line 18	а					
Other Reven	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See				English Park	
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities				_	
l	10 a	Gross sales of inventory, less	returns		-M. 1885 - 1 - 2			WAY AND
		and allowances	а					
	b	Less. cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory					
(		Miscellaneous Revenu	ie	Business Code				
[	11 a							
	b							
	С							
	d	All other revenue	-		-			
	е	Total. Add lines 11a-11d		<b>&gt;</b>				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	12	Total revenue See instructions.			395,617.	387,400.	0.	8,217.

	on 501(c)(3) and 501(c)(4) organizations must com Chęck if Schedule O contains a respor				
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			, 5°, 5, 5, 5, 8, 18°, 18°, 1	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			11.11.11.11.11.11.11.11.11.11.11.11.11.	113 7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			(3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
4	Benefits paid to or for members				
5	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		-		
7	persons described in section 4958(c)(3)(B) Other salaries and wages	106,601.			
7	Pension plan accruals and contributions (include	100,001.			
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,155.			
11	Fees for services (non-employees)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
''	Management				
b	Legal	6,300.			
c	Accounting				
d				·	
е	Professional fundraising services. See Part IV, line 17		PERFER JOH.		
f	Investment management fees	2,566.		·	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	67,163.			
17	Travel	35,373.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	21,141.			
23	Insurance	8,960.			-
24	Other expenses. Itemize expenses not covered			18 50 ( 18 50 50 50 50 50 50 50 50 50 50 50 50 50	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SHOP SUPPLIES	21,202.	:		
	BOOK EXPENSES	18,700.			
	RENEWALS EXPENSE	14,837.			
d	TELEPHONE & INTERNET	4,849.			
е	All other expenses	15,844.			
25	Total functional expenses. Add lines 1 through 24e	330,691.			
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)				

Pai	t X 5	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
		,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			243,851.	1	322,335.
	2	Savings and temporary cash investments			319,731.	2	330,773.
	3	Pledges and grants receivable, net		_	•	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer o	officers, directors.	3 7 7 9 4 9 4	7×3,650	\$ 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
		trustees, key employees, and highest compensa					
		Part II of Schedule L		,	, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	5	, , , , , , , , , , , , , , , ,
	6	Loans and other receivables from other disqualr	fied pe	ersons (as defined under	37. " , " , " , " ; " ; " ; " ; " ; " ; " ;	( )3,	14 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1
		section 4958(f)(1)), persons described in section				%.D.s	
		employers and sponsoring organizations of sect				**************************************	
S		employees' beneficiary organizations (see instr)			) 2000, 24, 27, 29' 30' 30' 30' 4' 4'	6	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other	1			7	5 4 3 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6
		basis Complete Part VI of Schedule D	10a	451,580.		5 % (, 5 % 5 %	
	ь	Less accumulated depreciation	10b	378,315.	91,832.	10c	73,265.
	11	Investments - publicly traded securities				11	1 7 7 7 7 7
	12	Investments - other securities See Part IV, line 1	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 equ	al line	34)	655,414.	16	726,373.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19_	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,		; %,	k . A H WCAN
Liabilities		key employees, highest compensated employee	es, and	l disqualified persons	.Y:7755.W.X		
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	·	24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		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		. [20]	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 an	id 34.				
auc	27	Unrestricted net assets			643,209.	27	714,492.
Bal	28	Temporarily restricted net assets			12,205.	28	11,881.
밀	29	Permanently restricted net assets	<b></b>	<b>. .</b> .	1471 FX 2 - X 2 - X 3 3 3 5 4 5 ** 1 × 2	29	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖	BREYEVE	3 j j	
S		and complete lines 30 through 34.		-		Ĭî; ., <	""" , , " &# ` \ \\".</td></tr><tr><td>set</td><td>30</td><td>Capital stock or trust principal, or current funds</td><td></td><td></td><td></td><td>30</td><td></td></tr><tr><td>As</td><td>31</td><td>Paid-in or capital surplus, or land, building, or ed</td><td></td><td></td><td></td><td>31</td><td></td></tr><tr><td>Net</td><td>32</td><td>Retained earnings, endowment, accumulated in</td><td>come,</td><td>or other funds</td><td>6EE 111</td><td>32</td><td>726 272</td></tr><tr><td>_</td><td>33</td><td>Total helding and an access (find balances</td><td></td><td></td><td>655,414.</td><td>33</td><td>726,373.</td></tr><tr><td></td><td>34</td><td>Total liabilities and net assets/fund balances</td><td></td><td></td><td>655,414.</td><td>34</td><td>726,373.</td></tr></tbody></table>

	990 (2017) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND	47-05	61638	Page	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			l	
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	395		
2	Total expenses (must equal Part IX, column (A), line 25)	2	330		
3	Revenue less expenses Subtract line 2 from line 1	3	64	,92	<u> 26.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	655	, 41	<u>L4.</u>
5	Net unrealized gains (losses) on investments	5	6	, 03	33.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	726	,37	73.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[	
			,	/es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		, , , ( , , , , , , , , , , , , , , , ,	3	S.M.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.	, , ,		3,21
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	, , , , , ,		331
	separate basis, consolidated basis, or both				100
	Separate basis Consolidated basis Both consolidated and separate basis		) 20		i postiti Si summer
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	The state of	
	consolidated basis, or both		, 25, , ,	,,	
	X Separate basis Consolidated basis Both consolidated and separate basis			ر پردور ک <sub>ید</sub>	3 3
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O	7, 7, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	, 32/	***
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		, , , ,	
	Act and OMB Circular A:133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>990</b> (2	2017)

732012 11-28-17

## 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.

2017
Open to Public Inspection

Schedule D (Form 990) 2017

Name of the organization

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND Employer identification number 47-0561638

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 conferring impermissible private benefit? 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 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 historic structure d 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(ii)? 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 1a 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Sche Par		LUMBERS JOS								Page 2
3	Using the organization's acquisition, accessi									
_	(check all that apply)	•		•	•					
а	Public exhibition	d		Loan or exc	hange program	s				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ey further tl	he organization	's exem <sub> </sub>	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical trea	sures, or other :	sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orgai	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	te if the	organizatio	n answered "Ye	es" on F	orm 990	D, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for	contribution	s or other asse	ts not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able						
									Amount	<u> </u>
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or cu	ustodial accoun	it liability	12		」 Yes	Щ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	orm 990, Part IV					
		(a) Current year	(b) P	rior year	(c) Two years b	oack (d	) Three y	ears back	(e) Four	years back
1a	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									
9	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance		g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	· ·				-1 6 - · Al				
За	Are there endowment funds not in the posse	ession of the organiza	ition tha	at are neid a	ina aaministered	a for the	organi	zation	Г	<del></del>
	by								0-(2)	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	strong hatad on ragrur	ad an C	ahadula D2					3a(ii)	
	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the								3b	
Par	t VI Land, Buildings, and Equipm		WITHERIL	iuiius.						
	Complete if the organization answere		Part I\	/ line 11a S	See Form 990 F	Part X lu	ne 10			
	Description of property	(a) Cost or of			or other		umulate	ad le	(d) Bool	c value
	bescription of property	basis (investm			(other)		eciation		( <b>u</b> ) 500.	( 100
12	Land	- ,			· · · · ·			- +		-
	Buildings							-		
	Leasehold improvements	193,	585.			10	50,6	04.	3:	2,981.
	Equipment	257,					17,7			0,284.
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)				7:	3,265.

► 73, 265. Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	f valuation: Cost or end-of-year market value
) Financial derivatives			
) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			. <u> </u>
(D)			
(E)			
(F)			
(G)			
(H)		34 34 bre	2
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del>- ·</del>		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			0, Part X, line 13 f valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Metriod o	Valuation Cost of end-of-year market value
(1)	****	+	
(2)		-	
(3)			
(4)			
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·	+	
(8)		-	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) C	escription		(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4) (5)			
(2) (3) (4)			
(2) (3) (4) (5) (6) (7)			,
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) etal. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line eart X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability		e 11e or 11f See Fo ( <b>b)</b> Book value	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, lin		<b>&gt;</b>

	t XI Reconciliation of Revenue per Audited Financial Stateme				01030 Page 4
га	•		nevenue per n	etuiii.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  Total revenue, gains, and other support per audited financial statements	1	<del></del>	1	399,084.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			!	333,004.
a	Net unrealized gains (losses) on investments	2a	6,033.		
a b	Donated services and use of facilities	2b	0,033.	1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII )	2d		1	
e	Add lines 2a through 2d		= •	2e	6,033.
3	Subtract line 2e from line 1			3	393,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			<u> </u>	
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566.		
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	2,566.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	395,617.
	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per	Return	
·	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
1	Total expenses and losses per audited financial statements	<del></del>		1	328,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	328,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566.		
b	Other (Describe in Part XIII)	4b		1 1	
С	Add lines 4a and 4b			4c	2,566.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u>330,691.</u>
	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part				
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional inform	ation		
					<del> </del>
_					

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection ----

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND   47-0561638
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWED FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
-
-

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

■ Attach to Form 990.

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

2017 Open to Public

OMB No 1545-0047

Employer identification number 47-0561638

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Direct controlling entity 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 End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) Ŷ × × × × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) e **Exempt Code** section 501(C)(S) 01(C)(E) 501(C)(9) 9 401(A) Legal domicile (state or foreign country) 3 VEBRASKA NEBRASKA IEBRASKA VEBRASKA PROVIDING PARTICIPANTS WITH MEDICAL BENEFITS PROVIDE TRAINING AND COLLECT AND DISBURSE Primary activity TRAINING FACILITIES 9 ABOR UNION 47-6088121, 4801 F STREET, OMAHA, NE 68117 PLUMBERS ADMINISTRATION TRAINING TRUST -- 47-6045942 PLUMBERS 16 WELFARE FUND - 47-0403214 Name, address, and EIN of related organization PLUMBERS LOCAL 16 - 47-0199158 PLUMBERS 16 PENSION PLAN OMAHA, NE 68117 OMAHA, NE 68117 OMAHA NE 68117 4801 F STREET 4801 F STREET 4801 F STREET

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

Schedule R (Form 990) 2017

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) . Direct controlling entity	Section 512(bX13) controlled organization?	(2(b)(13) lled ttion?
PLUMBERS 16 DEFINED CONTRIBUTION PLAN - 47-0822012, 4801 F STREET, OMAHA, NE 68117	COLLECT AND DISBURSE PENSION BENEFITS	NEBRASKA	401(K)				×
S VACATION TRUST FUND - 47-0673442 SET 68117	COLLECT AND DISBURSE WACATION FUNDS	NEBRASKA	501(C)(9)				×
			_				

732222 04-01-17

Page 2

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND Schedule R (Form 990) 2017 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related as a partnership during the tax year

General or Percentage managing ownership Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ ž Oisproportionate allocations? Ξ Yes Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) (Direct controlling antity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	(4)	3	3	(3)	Ş	3	3	€	
(9)	(a)	<u>(</u> )	6)	(a)		6)	<u> </u>		
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(13) 7 8
		country)		or masy		desdes		Yes	No
AP PLUMBING			N/A						×
		-							
ASAP PLUMBING INC.			N/A						×
								<u> </u>	
CM PLUMBING LLC			N/A						×
						•			
EYMAN PLUMBING			N/A						×
FAUCET SHOP			N/A						×
732162 09-11-17		20				Sch	Schedule R (Form 990) 2017	, (066 r	2017

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect Sect 512(b contro	No No No No No
GRUNWALD MECH CONTRACTORS			N/A						×
HAYES MECHANICAL			N/A						×
JR MECHANICAL INC			N/A						×
MAINELLI MECHANICAL			N/A						×
MMC MECHANICAL CONTRACTORS			N/A						×
PITLOR MECHANICAL			N/A						×
PRAIRIE MECHANICAL, INC			W/A						×
1			N/A						×
			N/A						×
TRITZ PLUMBING INC			N/A						×
TSI MECHCANICAL, LLC			N/A						×
WALDINGER CORP			N/A						×
			25,74		•				1

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Partiv Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(n) Percentage ownership	(i) Section 512(b)(13) controlled entity?
ADVANCED TRENCHING			N/A					×
AMERICAN ROOTER PLUMBING		<b>_</b>	N/A					×
MECHANICAL, INC			N/A					×
		·						

Page 3

ŝ

×

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

Schedule R (Form 990) 2017 Yes Ē ¥ 두 ₽ ပ္ ₽ ę 무 9 đ (d) Method of determining amount involved 49 두 10 ÷ 45 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 67,163.CASH PAID During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a-s) 23 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) × Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity PLUMBERS ADMINISTRATION TRAINING TRUST Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 732163 09-11-17 (1) FUND Ε \_ ٥ € 2 ପ୍ର 3 9

×

×

×

Schedule R (Form 990) 2017 OMAHA PLUMBERS, JOINT APPRENTICESHIP FUND

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Obspropor Code V-UBI General or Percentage Bonate amount in Dox 20 managing ownership of Schedule K-1 partner? Ovnership (Form 1065) Yes No end-of-year Share of assets **6** Share of total Income Yes No Predominant income par (related, unrelated, excluded from tax under sections 512-514) v ਉ Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	ОМАНА	PLUMBERS	JOINT	APPRENTICESHIP	FUND47-0561638	Page 5
Part Viii	Supplemental Infor	mation.	onese to ausetion	e on Schad	ula P. Saa instructions		
	Provide additional informa	ation for resp	onses to question	S OII SCHEU	ule n. See instructions		
	•						
					<del></del>		
	<del> </del>						
		·				•	
	<del></del>						
_	<u> </u>					····	
						,	
				-			
	<del></del>					·	
	•						
					<del> </del>	<del></del> .	
					<del>-</del>	<del></del>	
-							
	<del>.</del>						
٠							
		•					ı
					<del></del> -		
	··	<u>-</u>					