EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 Check if C Name of organization D Employer identification number UNITED ASSOCIATION OF JOURNEYMEN AND 210 Address change LOCAL Name change 35-2116536 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2901 EAST 83RD PLACE (219)942-7224term City or town, state or province, country, and ZIP or foreign postal code 900,524. G Gross receipts \$ Amended return MERRILLVILLE, IN 46410 H(a) Is this a group return Applica-F Name and address of principal officer SALVADOR ESPINO Yes X No for subordinates? 2901 E. 83RD PLACE, MERRILLVILLE, H(b) Are all subordinates included? 501(c)(3) X 501(c) (5) ◀ (insert no.) 4947(a)(1) or I Tax-exempt status L If "No," attach a list (see instructions) J Website: ▶ PLUMBERSLOCAL210.ORG H(c) Group exemption number ► 0297 K Form of organization: Corporation Trust Association X Other LABOR L Year of formation: 2000 M State of legal domicile: IN Part I | Summary COORDINATE LABOR MATTERS AND Briefly describe the organization's mission or most significant activities TO Activities & Governance TO ADMINISTER TO ANY LABOR PROBLEMS OF MEMBERS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets HEOFIVED 15 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) DEC 3 0 2019 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN. UT b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) 824,913 788,485. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 358. -3,030. 10 $\overline{119}$,871. 95,001. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 945,142 880,456. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 <u>9,</u>615. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,100. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 327,743 344,031. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 327,549 310,696. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 664,907. 659,827. 280,235. 220,629. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 1,488,394 1,267,765 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 267,765. 488,394 Net assets or fund balances Subtract line 21 from line 20 | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge gnature of officer Date Sign W Here SALVADOR ESPINO, BUSINESS MANAGER Type or print name and title Print/Type preparer's name Preparer's signature 2019 Paid HELEN L. CHRONOWSKI P01434263 Firm's name BANSLEY & KIENER, Firm's EIN 36-2152389 Preparer Use Only Firm's address 8745 W HIGGINS Phone no. (312)263-2700 CHICAGO, IL 60631

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

		35-2116536 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 TO COORDINATE LABOR MATTERS AND TO ADMINISTER TO ANY LABOR MEMBERS.	OR PROBLEMS OF
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	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	GES FOR ITS
4b	(Code) (Expenses \$) (Revenue	s)
4c	(Code) (Expenses \$) (Revenue)-
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	<u></u>
<u>+e</u>	Total program service expenses	Form 990 (2018)

Form 990 (2018) LOCAL
Part IV Checklist of Required Schedules

	•		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		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		<u>X</u>
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	_		X
_	Schedule D, Part III	_8_	-	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-	_	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	· · · · · · · · · · · · · · · · · · ·			7.5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
٠.	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h	ı	v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		-X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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,			
	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> X</u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		_4\

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	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X
24 a	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			v
	Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b_	_	
С	any tax-exempt bonds?	24c		
а	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	270	-	
200	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		Х
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			i
	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	37
	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,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		_^
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30_		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
—-ь	If "Yes"-to-line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ŀ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	- 50	42	1.
	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 1			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	\longrightarrow	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		l	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
oa	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
J	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			•
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
 a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
	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			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15_		X
46	If "Yes," see instructions and file Form 4720, Schedule N	46		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^_
	If "Yes," complete Form 4720, Schedule O	Form	990	(2018)

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

	Check of Schools Consequence and the Schools of the Schools			\mathbf{X}					
500	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management		<u>, </u>						
	5. 0 . 6		Yes	No					
Та	Enter the number of voting members of the governing body at the end of the tax year 15								
	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.								
b	b Enter the number of voting members included in line 1a, above, who are independent 15 15								
2	2 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?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_					
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X						
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	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а		8a	х						
	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00	 -						
9		9		Х					
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9							
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	N					
40-	Did the agreement of heart should be about a household of the file	40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a	-						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
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		<u> </u>					
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								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		_X_					
b	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)								
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		X					
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?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			•					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s onlv)	availa	able					
-	for public inspection. Indicate how you made these available. Check all that apply	y)		-					
	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	l finan	cial						
.5	statements available to the public during the tax year.	·····aii							
2 0									
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SALVADOR ESPINO - (219)942-7224								
	2901 E. 83RD PLACE, MERRILLVILLE, IN 46410		_						

Form 990 (2018)

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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

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

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

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

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

(A)	(B)			_ (0	(C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week		, ca a		10010	X7 (1 U 3	100,	from the	from related organizations	other compensation
	(list any hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	al tru		e A	adwc				and related
	below	/dual	Institutional trustee	2	Key employee	Highest compensated employee	ie.			organizations
	line)	iĝ	ınsı	Officer	<u>ş</u>	돌	Former			
(1) SALVADOR ESPINO	45.00								_	
BUSINESS MANAGER				X		<u> </u>		45,791.	0.	31,625.
(2) DAVID MISCH	45.00									
BUSINESS MANAGER		ļ		X	<u> </u>	ļ		66,122.	0.	46,816.
(3) MICHAEL LASKARIN	0.50						ŀ			
PRESIDENT		ļ		X	_	ļ		0.	0.	0.
(4) DAVID CHERMAK	0.50									
VICE PRESIDENT				X	_		<u> </u>	0.	0.	0.
(5) DAVID KOUNTZ	0.20	ļ								
TREASURER		_		X	_	_	_	0.	0.	0.
(6) JOSEPH DAVIS	0.20						İ			
RECORDING SECRETARY		<u> </u>		X		<u> </u>		0.	0.	0.
(7) OMAR CORONA	0.20	-		İ	ŀ					
INSIDE GUARD		<u> </u>		X	_	<u> </u>		0.	0.	0.
(8) SCOTT DEGROOT	0.20					l			_	
EXECUTIVE BOARD	 	-		Х		<u> </u>		0.	0.	0.
(9) ROBERT DEPYSSLER	0.20	-								
EXECUTIVE BOARD		-		Х	_	<u> </u>		0.	0.	0.
(10) KEITH KLEINFELDT	0.20			<u> </u>						
EXECUTIVE BOARD		-		X	_	<u> </u>	<u> </u>	0.	0.	0.
(11) KURT TERRY	0.20	-								
EXECUTIVE BOARD		├	<u> </u>	X		<u> </u>	-	0.	0.	0.
(12) MATTHEW TERRY	0.20	┨	}							
FINANCIAL BOARD	0.00	├_	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(13) TRAVIS HAMILTON	0.20	-								
FINANCIAL BOARD		<u> </u>	<u> </u>	X		<u> </u>	L	0.	0.	0.
(14) CARLOS RANGEL	0.20	┨								
FINANCIAL BOARD	0.00	<u> </u>		X	-	-	-	0.	0.	0.
(15) LEE CULVER	0.20	-								_
EXAMINING BOARD	0.00	-		X	<u> </u>	-	├_	0.	0.	0.
(16) JEREMY SARVER	0.20	1		,,						_
EXAMINING BOARD		<u> </u>		X		<u> </u>	<u> </u>	0.	0.	0.
	1									

Form 990 (2018)

Form **990** (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

		· Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		onoun concado e con	tame a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	1b					
Ĕ,Ğ	ြင	Fundraising events	1c			:		
ar /	l	Related organizations	1d					
S,E	1	Government grants (contribu						
ion		All other contributions, gifts, gran						
out	'	similar amounts not included abo			,			
of.	_	Noncash contributions included in lines						
Sor	_	Total. Add lines 1a-1f						
<u> </u>	"	Total: Add lines 14 11		Business Code				
a)	2 a	ASSESSMENT		900099	618,220.	618,220.		
vic		DUES		900099	138,688.	138,688.		
Program Service Revenue		RENTAL INCOME		900099	24,008.	24,008.		
		FINES		900099	7,569.	7,569.		
		FINES		300033	1,503.	1,309.		
Pro	e	All other program convex roun					 -	
_	f	, ,	enue		788,485.		••	
		Total. Add lines 2a-2f			100,400.			1
	3	Investment income (including	i aiviaenas, inter	est, and	414.			414.
	_	other similar amounts)			414.			414.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(0.5.1					
			(i) Real	(II) Personal				
	6 a							
	b	•	-	-				
		Rental income or (loss)						
		Net rental income or (loss)	F	•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		16,624.				
	b	Less cost or other basis		00 000				
		and sales expenses		20,068.				
	С	Gain or (loss)		-3,444.				
	d	• • •		>	-3,444.	-3,444.		
enne	8 a	Gross income from fundraisin including \$	ig events (not of					
Other Revenu		contributions reported on line	1c) See					
ia.		Part IV, line 18	а					
Ě	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events	_				
	9⁻a	-Gross-income-from gaming-a	ctivities-See					-
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а			,		
	b	Less cost of goods sold	b					
	C	Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Revenu		Business Code				
	11 a	ADMINISTRATIVE		900099	81,522.	81,522.		
)	DEATH FUND		900099	7,131.	7,131.		
	c	GOLF OUTING INC	COME	900099	4,465.	4,465.		
	4 	All other revenue		900099	1,883.	1,883.		1
	e			—	95,001.		 -	<u> </u>
	12	Total revenue See instructions		•	880,456.	880,042.	0	. 414.

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Form 990 (2018) LOCAL
Part IX Statement of Functional Expenses

Seci	rion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must o	complete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,100.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,693.			
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	Other salaries and wages	81,237.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	107,102.			
9	Other employee benefits	30,001.			
10	Payroll taxes	15,998.			
11	Fees for services (non-employees).				
а	Management				
b	Legal	3,431.			
С	Accounting	15,250.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,958.			
12	Advertising and promotion	8,470.			
13	Office expenses	22,370.			
14	Information technology				-
15	Royalties				
16	Occupancy	8,639.			
17	Travel	5,515.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40.00			
19	Conferences, conventions, and meetings	13,907.		<u> </u>	
20	Interest	1.61.01-0-			
21	Payments to affiliates	<u>161,812.</u>			
22_	Depreciation, depletion, and amortization	21,615.			
23	Insurance	3,051.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	10 510			
а		13,516.			
	GOLF OUTING EXPENSE	10,789.			
C		7,595.			
	DEATH FUND BENEFIT	7,130.			
	All other expenses Add lyses 1 through 24s	5,648.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	659,827.			
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)				
	Since there I I illibitiowing SOF 80°4 (MSC 830°/20) I	l l	i e e e e e e e e e e e e e e e e e e e	•	i e

Form 990 (2018)

LOCAL

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 954,317 282,799. 1 1 Cash - non-interest-bearing 652,631. 192,427. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 866,203. basis Complete Part VI of Schedule D 10a 541,601 316,671. 324,602. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15,664. 17,048. Other assets See Part IV, line 11 15 15 1,488,394 Total assets. Add lines 1 through 15 (must equal line 34) 1,267,765. 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 790,041 <u>911,927.</u> -Unrestricted net assets 27 477,724. 576,467. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,267,765. 1,488,394. 33 33 Total net assets or fund balances

Form **990** (2018)

1,488,394.

1,267,765.

34

Total liabilities and net assets/fund balances

Eorm	990 (2018) LOCAL	35-211	6536	Do	aa 19					
	t XI Reconciliation of Net Assets		<u>.0550</u>	Pay	je iz					
	Check if Schedule O contains a response or note to any line in this Part XI									
	Check in Schedule O Contains a response of hote to any line in this Part XI			-	<u> </u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		88	0,4	56					
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{0, \frac{1}{2}}{9, 8}$						
3	Revenue less expenses Subtract line 2 from line 1	3		$\frac{5,6}{0,6}$						
4	· · · · · · · · · · · · · · · · · · ·									
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments									
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,				<u> </u>					
10	column (B))	10	1,48	х ч	9.4					
Par	t XII Financial Statements and Reporting	101	1,40	<u>0,5</u>	7 = •					
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}					
-	Check in Controlle C Contains a response of note to any line in this fact All			Yes	No					
1	Accounting method used to prepare the Form 990. Cash Cash Cother MODIFIE	ED CASH								
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedulin									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	.0	2a	х						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a								
	separate basis, consolidated basis, or both	u 0.11 u								
	Separate basis X Consolidated basis Both consolidated and separate basis			i l						
b	Were the organization's financial statements audited by an independent accountant?		2b		х					
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis.								
	consolidated basis, or both	10 200.0,								
	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	ne audit.								
_	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	х						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S									
	Act and OMB Circular A-133?	3	3a		х					
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
				990	(2018)					
				,	(=0.0)					
	the same									
	The second secon									

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection

UNITED ASSOCIATION OF JOURNEYMEN AND 210 **Employer identification number** 35-2116536

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	
	for charitable purposes and not for the benefit of the donor of	Ţ Ţ	•
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 99	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the foi	m of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	icture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements in	t holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describ	es the organization's accounting for
	conservation easements.	C-A 1.11: 1. 1. T	OII 0: 11 A
Pai	t III Organizations Maintaining Collections o	-	Otner-Similar-Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	·	
	treasures, or other similar assets held for public exhibition, e	ducation, 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		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		<u> </u>

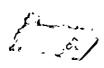
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule, D (Form 990) 2018

	dule D (Form 990) 2018 LOCAL								<u> 116536</u>	
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Oth	<u>er Simi</u>	lar Ass	e ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further tl	ne organizati	on's exe	mpt purp	ose in Pa	rt XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	organizatio	n answered '	"Yes" or	Form 99	0, Part IV	, line 9, or	
		··	diant for	contribution	e or other as	eate not	neluder			
та	Is the organization an agent, trustee, custod	nan or other intermed	lary ior	Contribution	is of other as	sets not	included	, 	Yes	No
	on Form 990, Part X?	and complete the fa	llownos	tabla					162	
D	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing	lable			F		Amount	
	Decument helenes						10	 	Amount	
C	Beginning balance Additions during the year						1c 1d	 		
ū	Distributions during the year						1e	 		
4	Ending balance						1f	<u> </u>		
f	Did the organization include an amount on F	orm 990 Part Y line	21 for	ectow of ci	istodial acco	unt liahi		<u>'</u>	Yes	No
	If "Yes," explain the arrangement in Part XIII						-	-	103	
Pai										
		(a) Current year	I	rior year	(c) Two year	-		years back	(e) Four y	ears back
1a	Beginning of year balance	(a) contine your	12/	1101 700.	(6))	3441	(4)	<u> </u>	197. 33.7	
h	Contributions								1	
<i>-</i>	Net investment earnings, gains, and losses	-								
ď	Grants or scholarships								<u> </u>	
e	Other expenditures for facilities									
·	and programs					- 1				
4	Administrative expenses								1	
g	End of year balance								T	
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	a. column (a)) held as					
- a	Board designated or quasi-endowment	rom your one outen	%	g,(-	-,,					
h	Permanent endowment	%								
G	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for t	he organ	ization		
	by	J					_		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?						
4	Describe in Part XIII the intended uses of the	e organization's endo	owment-	funds						
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part 1	V, line 11a S	See Form 990), Part X	, line 10			
-	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciatio	n		
1a	Land			5	0,000.		_			,000.
b	Buildings			45	0,724.		218,6	520.	232	,104.
С	Leasehold improvements				1,179.		301,1	L79.		0.
d	Equipment				1,703.			312.		<u>,891.</u>
e	Other			3	2,597.		15,9	90.		<u>,607.</u>
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	(0c)			<u> </u>	324	<u>,602.</u>

Schedule D (Form 990) 2018



35-	2	11	6	53	36	Page	3

Part VII Investments - Other Securities.				2222030 age 0
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			 	
(B)				
(C)				
(D)			-	
<u>(E)</u>			·	· · · · · · · · · · · · · · · · · · ·
<u>(F)</u>				
(G)			· · · · · · · · · · · · · · · · · · ·	
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			D 11/1 40	
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV (b) Book value			-of-year market value
	(b) Book Value	(c) Metrica or v	alaation oost of one	or your market value
(1)				
(2)				
(3)	·			
(4)				
(5)				
(6)				
(7) (8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV	/, line 11d. See Form 990,	Part X, line 15	
	escription	-`		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>	
Part X Other Liabilities.				
Complete_if_the_organization-answered "Yes" o	n Form 990, Part IV		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)			<u> </u>	
(3)				
(4)			_	
(5)				
(6)			_	
(7)			_	
(8)]	
(9)		_	_	d
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)			

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

35-2116536 Page 4 Schedule D (Form 990) 2018 LOCAL Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII. line 12 2 Net unrealized gains (losses) on investments 2a 2b Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2dAdd lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b 4h Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Schedule 832054 10-29-18 17

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization		ASSOCIATIO	ON C)F J	OURN	EYMEN	AN.	D 210	35-2116536					mber
	LOCAL										<u> 165</u>	<u> 36</u>	_	
		ctions (section 5												
Complete if the		nswered "Yes" on				e 25a or 25t	o, or	Form 990-EZ, P	art V,	line 40)b			
1 (a) Name of disqualifie	d person (t) Relationship bet			lified	10	:) De	scription of tran	sactio	n			Corre	
(a) Name of dioquame		person and o	rganiz	ation								Y	es	No_
						-								
												-	_	
												-		
		-										-		
2 Enter the amount of ta	ax incurred by th	e organization mar	nagers	or also	qualified	persons au	ring	ne year under		•				
section 4958		0 -6		سم مطاء						► \$ ► \$				
3 Enter the amount of ta	ax, if any, on line	2, above, reimburs	sea by	tne or	rganizati	on				•				
Part II Loans to a	nd/or From	Interested Per	sons	<u> </u>									•	
		nswered "Yes" on			Part V	line 38a or F	-orm	990 Part IV fir	ne 26	or if th	e oraș	nızatı	on	
•		990, Part X, line 5,			., rait v,	iiile Joa oi i	OIII	330,1 ait 14, 111	ic 20,	01 11 4	ic orga	ı ıızatı	011	
(a) Name of	(b) Relationsh		T	an to or	(e)	Onginal	(11)	Balance due	(a)	ln	(h) Ap	proved	(i) W	ritten
interested person	with organizat			m the zation?		oal amount	۱'''	Balarico dao	defa		by bo	ard or	agree	ment?
			<u> </u>	From	1		ļ		Yes	No	Yes	No	Yes	No
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Total						▶ \$								
Part III Grants or	Assistance E	Benefiting Inte	reste	d Pe	rsons.									
Complete if the	ie organization a	nswered "Yes" on	Form !	990, P	art IV, lır	ie 27								
(a) Name of intereste	ed person	(b) Relationship				Amount of	- 1	(d) Type of assistance				e) Purpose of		i
	1	interested pers the organiz		nd	a	ssistance		assistan	ce		;	assist	ance	
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832131 10-25-18

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

Schedule L (Form 990 or 990-EZ) 2018

•	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation
				Yes	No
AVID MISCH	OFFICER	16,624	SALE OF FIX		Х
ı					
Provide additional information for re	esponses to questions on Schedule L (see ii	nstructions)			
CH L, PART IV, BUSINESS			FD DERCONC.		
A) NAME OF PERSON: DAVI		O INIENESI	ED PERSONS.		
		1.0000			
D) DESCRIPTION OF TRANS	ACTION: SALE OF FIXED	ASSET			
ORM 990, SCHEDULE L, PA	RT IV, LINE 1				
ALE OF ASSET, 2016 GMC	TERRAIN SLE TO A RETIR	RING OFFICE	R FOR FULL	FAIR	
ARKET VALUE OF \$16,624	ON AUGUST 10, 2018.				
J					
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

Inspection

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

UNITED ASSOCIATION OF JOURNEYMEN AND 210

Employer identification number 35-2116536

Name of the organization LOCAL FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: LABOR UNION FORM 990, PART VI, SECTION A, LINE 2: KURT TERRY AND MATT TERRY - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6: THE UNION IS A LABOR ORGANIZATION WHOSE MAIN OBJECTIVE IS TO COORDINATE THE LABOR MATTERS AND TO ADMINISTER TO ANY LABOR PROBLEMS OF ITS MEMBERS. UNION'S MEMBERS ARE THOSE COVERED INDIVIDUALS WHO WORK FOR EMPLOYERS SUBJECT TO THE COLLECTIVE BARGAINING AGREEMENT WITH THE UNION. FORM 990, PART VI, SECTION A, LINE 7A: THE OFFICERS OF THE UNION ARE ELECTED TO THEIR POSITION BY THE UNION MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B:

THE UNION'S MEMBERSHIP CONSISTS OF INDIVIDUALS WORKING-FOR EMPLOYERS UNDER A COLLECTIVE BARGATNING AGREEMENT WITH THE UNION AND INDIVIDUALS WHO HAVE A MEMBER IS ONE WHO HAS SATISFIED ITS REQUIREMENT RETIRED FROM THE UNION. FOR MEMBERSHIP AND IS IN GOOD STANDING WITH THE UNION. DEPENDING ON THE TYPE OF MEMBERSHIP STATUS A MEMBER HAS DETERMINES THE VOTING RIGHTS OF THE JOURNEYMAN, RETIRED JOURNEYMAN AND LIFE MEMBER JOURNEYMAN HAVE FULL VOTING RIGHTS ON ALL MATTERS. PRODUCTION WORKERS AND APPRENTICES HAVE EFFECTIVE JANUARY 1, 2017, 4TH AND 5TH YEAR APPRENTICES NO VOTING RIGHTS. IN GOOD STANDING HAVE FULL VOTING RIGHTS ON ALL MATTERS

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

Schedule O (Form 999 or 990-EZ) (2018)

832211 10-10-18

SCHEDULE R (Form 990)

Part 1

Related Organizations and Unrelated Partnerships

2018

OMB No 1545-0047

Employer identification number 35-2116536 Open to Public Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. UNITED ASSOCIATION OF JOURNEYMEN AND 210 LOCAL Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year		if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, be	cause it had one o	r more related tax-exe	mpt
(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	(g) Section 512(bX13) controlled entity?
PLUMBERS LOCAL UNION 210 POLITICAL ACTION COMMITTEE - 37-1505960, 2901 EAST 83RD PLACE, MERRILLVILLE, IN 46410	MAKES POLITICAL CONTRIBUTIONS TO STATE AND LOCAL CANDIDATES	INDIANA	527			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2018

LOCAL Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 35-2116536

Page 2

(h) (i) (i) (k) Dispingontionate amount in box allocations? Code V.UBI amonaging ownership parties? General or Percentage managing ownership parties? Yes No K-1 (Form 1065) Yes No		on or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	al Share of Percentage (2) (1) Section (2) Share of Percentage (2) Controlled assets (2) As No			
Share of Dispropre end-of-year alloas assets Yes		on Form 990, Part IV	(f) Intity Share of total corp. Income			
(f) Share of total income		ion answered "Yes"	trolling Type of entity (C corp, S corp, or trust)			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		iplete if the organizat	(c) (d) (d) Legal domictle (state or (cstate or foreign country)			
(d) Direct controlling entity		ration or Trust. Com	(b) Primary activity			
(c) Legal domicile (state or foreign		as a Corpo	Prim			
(b) Primary activity		 anizations Taxable	7 -		 -	
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	(a) Name, address, and EiN of related organization			

UNITED ASSOCIATION OF JOURNEYMEN AND 210 LOCAL

Schedule R (Form 990) 2018

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

Page 3

35-2116536

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Schedule R (Form 990) 2018 Ē **1**P ဗ 19 우 19 ŧ Ę 9 뭐 19 45 (d)
Method of determining amount involved 1a **#** ÷ ¥ = ÷ = 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 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a·s) Performance of services or membership or fundralising solicitations for related organization(s) m 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) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 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) c 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 Other transfer of cash or property to related organization(s) b 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) 832163 10-02-18 7 9 롈 (I) 2 ପ୍ର --- €]--

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Page 4

35-2116536

Schedule R (Form 990) 2018 LOCAL

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

that was not a related organization, see instructions regarding exclusion for certain investment partitiers ins	Structions	egarding exclus	sion for certain inv								
(a) Name addresses and EIN	2	(b)	(c)	(d)	Are all	(f) Share of	(g) Share of	(h) Disnanar-	(I) Code V-11B1	()	(k)
of entity		שווופו א מכנועונא		(related, unrelated, excluded from tax under	501(c)(3) orgs ?	total	end-of-year	tionate allocations?	tionale amount in box 20 managing ownership of Schedule K-1 pariner ownership	managing partner?	ownership
			country)	sections 512-514)	Yes No	псоте	assets	Yes No	(Form 1065)	Yes No	
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UNITED ASSOCIATION OF JOURNEYMEN AND 210 Schedule R (Form 990) 2018 LOCA: Part VII Supplemental Information. 35-2116536 Page 5 LOCAL Provide additional information for responses to questions on Schedule R. See instructions

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