

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
THREE PARK PLACE

City or town, state or province, country, and ZIP or foreign postal code
ANNAPOLIS, MD 21401

D Employer identification number
53-0159020

E Telephone number
(410) 269-2000

G Gross receipts \$ 155,367,982

F Name and address of principal officer
PATRICK KELLETT
3 PARK PLACE
ANNAPOLIS, MD 21401

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ UA ORG

K Form of organization Corporation Trust Association Other ▶
INTERNATIONAL LABOR UNION

L Year of formation 1889 **M** State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LABOR ORGANIZATION GENERAL OFFICE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	134
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	90,076,569	97,843,761
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,147,527	7,663,760
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,259,792	5,192,351
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,483,888	110,699,872
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,047,664	5,814,923
14 Benefits paid to or for members (Part IX, column (A), line 4)	9,204,908	10,653,120
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,029,669	35,255,322
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,843,304	31,634,514
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	103,125,545	83,357,879
19 Revenue less expenses Subtract line 18 from line 12	8,358,343	27,341,993

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	242,964,253	270,076,009
21 Total liabilities (Part X, line 26)	21,433,205	21,202,968
22 Net assets or fund balances Subtract line 21 from line 20	221,531,048	248,873,041

Part II 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

Sign Here

Signature of officer _____ Date 2019-05-13
PATRICK KELLETT GENERAL SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name MICHAEL E WARSHAW CPA Preparer's signature MICHAEL E WARSHAW CPA Date 2019-05-08 Check if self-employed PTIN P01236267
Firm's name ▶ CALIBRE CPA GROUP PLLC Firm's EIN ▶ 47-0900880
Firm's address ▶ 7501 WISCONSIN AVENUE Phone no (301) 830-7400
BETHESDA, MD 20814

Part 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

PROVIDING SERVICES AND BENEFITS TO MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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	Yes	
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		
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	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
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		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
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		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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	Yes	
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	Yes	
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		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
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		No
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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

Table with columns for question ID, question text, and Yes/No columns. Rows include 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (7); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (No); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MD); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 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 financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (PATRICK KELLETT 3 PARK PLACE ANNAPOLIS, MD 21401 (410) 269-2000).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES & ASSESSMENTS	900099	97,584,301	97,584,301		
	b SALE OF JEWELRY, DECALS	900099	259,460	259,460		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶		97,843,761				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,312,035		4,312,035	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		1,643,784				
		b Less rental expenses	0			
		c Rental income or (loss)	1,643,784			
	d Net rental income or (loss) ▶		1,643,784		1,643,784	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		47,242,823	777,012			
		b Less cost or other basis and sales expenses	43,003,506	1,664,604		
		c Gain or (loss)	4,239,317	-887,592		
	d Net gain or (loss) ▶		3,351,725	3,351,725		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a REIMBURSEMENTS	900099	3,548,567	3,548,567			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		3,548,567				
12 Total revenue. See Instructions ▶		110,699,872	104,744,053	0	5,955,819	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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.	5,781,750			
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, line 15 and 16.	33,173			
4 Benefits paid to or for members.	10,653,120			
5 Compensation of current officers, directors, trustees, and key employees.	16,358,905			
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.	9,187,580			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,536,779			
9 Other employee benefits.	6,150,712			
10 Payroll taxes.	1,021,346			
11 Fees for services (non-employees)				
a Management	306,326			
b Legal	4,405,049			
c Accounting	268,599			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	443,012			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,259,866			
12 Advertising and promotion	1,681,271			
13 Office expenses	1,438,680			
14 Information technology	821,790			
15 Royalties				
16 Occupancy	1,586,108			
17 Travel	2,429,249			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings	1,553,569			
20 Interest	985,096			
21 Payments to affiliates	4,031,214			
22 Depreciation, depletion, and amortization	1,344,189			
23 Insurance	291,115			
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.)				
a UA JOURNAL	3,027,331			
b DONATIONS	2,438,447			
c ORGANIZING EXPENSES	623,994			
d EXPENSES- OFFICERS & RE	443,344			
e All other expenses	1,256,265			
25 Total functional expenses. Add lines 1 through 24e.	83,357,879			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	40,931,572	2	52,283,547
	3 Pledges and grants receivable, net		3	
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,403,068	7	4,440,109
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 52,849,314		
	b Less accumulated depreciation	10b 11,374,417	42,845,880	10c 41,474,897
	11 Investments—publicly traded securities	135,577,974	11	152,445,300
	12 Investments—other securities See Part IV, line 11	19,202,837	12	19,412,935
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,672	15	18,971
16 Total assets. Add lines 1 through 15 (must equal line 34)	242,964,253	16	270,076,009	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,680,546	23	20,080,546
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	752,659	25	1,122,422	
26 Total liabilities. Add lines 17 through 25	21,433,205	26	21,202,968	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	221,531,048	30	248,873,041
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	221,531,048	33	248,873,041
	34 Total liabilities and net assets/fund balances	242,964,253	34	270,076,009

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,699,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,357,879
3	Revenue less expenses Subtract line 2 from line 1	3	27,341,993
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	221,531,048
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	248,873,041

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Form 990 (2017)

Form 990, Part III, Line 4a:

PROVIDING SERVICES AND BENEFITS TO MEMBERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK MCMANUS GENERAL PRESIDENT	40 00			X				447,037	0	167,170
PATRICK KELLETT GENERAL SECY TREASURER	40 00			X				394,171	0	149,170
MICHAEL PLEASANT ASST GENERAL PRESIDENT	40 00			X				391,679	0	149,207
JAMES MOSS EXECUTIVE VICE PRESIDENT	40 00			X				350,696	0	130,251
MARK BUSS ADMINISTRATIVE ASSISTANT	40 00			X				332,302	0	100,305
BRADLEY KARBOWSKY ADMINISTRATIVE ASSISTANT	40 00			X				320,380	0	124,394
STEVE MORRISON DIR CANADIAN AFFAIRS	40 00			X				468,757	0	105,532
JAMES MACDONALD ADMIN ASST/CANADA	40 00			X				419,474	0	93,028
THOMAS BIGLEY DIR PLUMBING SERVICES	40 00			X				303,074	0	118,944
VIRGIL BOONE DIR TRADE JURISDICTION	40 00			X				315,362	0	118,944

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS HASLINGER DIR TRAINING	40 00			X				298,938	0	118,944
MARTIN NASEEF DIR HVACR SERIVCE	40 00			X				304,082	0	118,944
MICHAEL MULVANEY DIR ENERGY & INFRASTRUCTUR	40 00			X				303,074	0	118,944
JAMES TUCKER DIR OF ORGANIZING	40 00			X				314,570	0	115,888
BRETT MCCOY DIR METAL TRADES DEPT	40 00			X				303,074	0	118,944
TOM GROSS DIR PIPELINE & GAS DISTRI	40 00			X				303,578	0	118,944
DAVID BARNETT DIR PIPELINE & GAS DISTRI	40 00			X				262,960	0	107,351
KENNETH BROADBENT VICE PRESIDENT	40 00			X				130,471	0	73,981
STEVEN BREITLOW VICE PRESIDENT	40 00			X				110,571	0	36,262
PATRICK DOLAN VICE PRESIDENT	40 00			X				130,314	0	37,336

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANNY HENDRIX VICE PRESIDENT	40 00			X				125,150	0	36,260
STANLEY SMITH VICE PRESIDENT	40 00			X				116,728	0	34,797
LANCE ALBIN INTL REP	40 00			X				266,624	0	107,388
RICHARD ALLEN INTL REP	40 00			X				265,624	0	104,332
SHAWN BROADRICK INTL REP	40 00			X				266,720	0	104,332
KEVIN CARDEN INTL REP	40 00			X				266,960	0	104,332
DAVID DONATO INTL REP	40 00			X				267,236	0	107,388
DARREN JONES INTL REP	40 00			X				266,624	0	104,332
ROBERT LAMB INTL REP	40 00			X				266,960	0	107,388
WILLIAM MEYERS JR INTL REP	40 00			X				267,236	0	107,388

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER MORGAN INTL REP	40 00			X				266,960	0	107,388
JOHN MURPHY INTL REP	40 00			X				265,444	0	104,332
BRUCE MYLES INTL REP	40 00			X				348,604	0	75,794
MICHAEL O'MARA INTL REP	40 00			X				266,960	0	107,351
RICHARD OLIVER INTL REP	40 00			X				266,960	0	107,388
KENNY RUGGLES INTL REP	40 00			X				266,960	0	107,388
GREG SAYLES INTL REP	40 00			X				267,236	0	107,388
RUSSELL SHELTON INTL REP	40 00			X				266,624	0	107,388
SCOTT SMITH INTL REP	40 00			X				266,960	0	107,388
TERRENCE SNOOKS INTL REP	40 00			X				349,198	0	76,242

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURT STEENHOEK INTL REP	40 00			X				266,444	0	104,332
CHARLES WATTS INTL REP	40 00			X				267,968	0	107,388
HEIKO WIECHERN INTL REP	40 00			X				348,838	0	75,868
DAVID POSEY INTL REP - PAST	40 00			X				237,911	0	72,357
LARRY BULMAN SPECIAL REPRESENTATIVE	40 00					X		266,720	0	107,388
WENDELL HIBDON SPECIAL REPRESENTATIVE	40 00					X		257,334	0	101,328
PHILLIP MARTIN SPECIAL REPRESENTATIVE	40 00					X		266,325	0	104,041
ANTHONY ROHRER SPECIAL REPRESENTATIVE	40 00					X		261,269	0	104,384
PHIL TRUCKS JR SPECIAL REPRESENTATIVE	40 00					X		246,958	0	101,328

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE	Employer identification number 53-0159020
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 1,932,935

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1 See Additional Data Table				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	PROVIDED CONTRIBUTIONS TO FEDERAL AND NON-FEDERAL CANDIDATES THROUGHOUT THE UNITED STATES

Additional Data**Software ID:****Software Version:****EIN:** 53-0159020**Name:** UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE**Form 990, Schedule C, Part 1-C, Line 5**

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
ABRAMS FOR GOVERNOR	1270 CAROLINE STREET ATLANTA, GA 30307		13000	
BLUE GREEN ALLIANCE	1300 GODWARD STREET NE MILWAUKEE, MN 55413	203477309	100000	
BUILD A BETTER MICHIGAN	PO BOX 15056 LANSING, MI 48901		100000	
DEFENDING MAIN STREET	325 7TH STREET NW WASHINGTON, DC 20004		145000	
ECONOMIC POLICY INSTITUTE	1225 EYE STREET NW WASHINGTON, DC 20005		25000	
EDWARD KENNEDY INSTITUTE	210 MORISSEY BLVD BOSTON, MA 02125		200000	
FORTALENCIO COMUNIDADES	777 S FIGUEROA ST LOS ANGELES, CA 90017		29200	
FRIENDS OF GAVIN BUCKLEY	53 WEST STREET ANNAPOLIS, MD 21401		2500	
HOGAN VICTORY	69 FRANKLIN STREET ANNAPOLIS, MD 21401		6000	
IAFF CHARITABLE FOUNDATION	1010 VERMONT AVE NW WASHINGTON, DC 20005		5000	
JAMES DARRELL TURNER	90 AZALEA STREET HEFLIN, AL 36264		10000	
MDGOP ADMIN	69 FRANKLIN STREET ANNAPOLIS, MD 21401		23000	
MIDDLE CLASS PAC	325 JACKSON STREET PHILADELPHIA, PA 19148		70000	
NON FEDERAL POLITICAL EDUCATIONAL FUND	816 16TH STREET NW WASHINGTON, DC 20006		60000	
NORTHGRAM FOR GOVERNOR	PO BOX 16249 ARLINGTON, VA 22215		200000	
NYSDC HOUSEKEEPING ACCOUNT	420 LEXINGTON AVENUE NEW YORK, NY 10017		50000	
PATRIOT MAJORITY PAC	PO BOX 35522 WASHINGTON, DC 20033		30000	
PREFERRED ALTERNATIVES INC	19185 NW NESTUCCA DRIVE PORTLAND, OR 97229		55000	
PROGRESSIVE ADVOCACY TRUST	PO BOX 322 LANSING, MI 48826		100000	
RUTHERFORD FOR LT GOVERNOR	PO BOX 6559 ANNAPOLIS, MD 21401		6000	
SOUTH CENTRAL PIPE TRADES	1211 RAPIDES AVENUE ALEXANDRIA, LA 71301		135000	
NATIONAL DEMOCRATIC CLUB	30 IVY STREET WASHINGTON, DC 20003		6000	
TREASURE FLORIDA	204 SOUTH MONROE STREET TALLAHASSEE, FL 32303		25000	
VIRGINIANS FOR MARK HERRING	PO BOX 503 RICHMOND, VA 23218		10000	
WAND EDUCATION FUND	101 MAIN STREET CAMBRIDGE, MA 02142		10000	
WASHINGTON STATE ASSOCIATION	7030 TACOMA MALL BLVD TACOMA, WA 98409		50000	
WATER INFRASTRUCTURE NETWORK	1816 JEFFERSON PLACE NW WASHINGTON, DC 20036		25000	
WE ARE MISSOURI	227 JERRERSON STREET JEFFERSON CITY, MO 65101			
WISCONSIN PIPE TRADES	11175 W PARKLAND AVENUE MILWAUKEE, WI 53223		125000	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING & PIPE

Employer identification number
53-0159020

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 ► \$ _____

2 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 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,558,738		11,558,738
b Buildings		38,886,645	9,343,528	29,543,117
c Leasehold improvements				
d Equipment		1,336,231	1,108,592	227,639
e Other		1,067,700	922,297	145,403
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				41,474,897

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) AFL-CIO HIT	899,413	C
(B) WTC CIF SMALL CAP 2000 FUND	18,513,522	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	19,412,935	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYROLL DEDUCTIONS	107,237
HEALTH INSURANCE RESERVES	1,015,185
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,122,422

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

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number

53-0159020

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	1	12	PROVIDING SERVICES AND BENEFITS TO MEMBERS	N/A	4,083,068
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	12			4,083,068
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	1	12			4,083,068

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	ORGANIZING GRANT	9,572	CHECK			BOOK
(2)		NORTH AMERICA	ORGANIZING GRANT	18,814	CHECK			BOOK
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	THE GRANTEES PROVIDE THE ORGANIZATION WITH WEEKLY UPDATES OF THEIR EXPENDITURES THE ORGANIZATION MAINTAINS AND MONITORS THE GRANTEES EXPENDITURES AND THE AMOUNTS OF THE GRANTS

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number
53-0159020

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE GRANTEES PROVIDE THE ORGANIZATION WITH WEEKLY UPDATES OF THEIR EXPENDITURES THE ORGANIZATION MAINTAINS AND MONITORS THE GRANTEES EXPENDITURES AND THE AMOUNTS OF THE GRANTS

Additional Data**Software ID:****Software Version:****EIN:** 53-0159020**Name:** UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA PIPE TRADES 13185 NW 45TH AVENUE OPA LOCKA, FL 33054	59-6209635	5	241,667		BOOK		ORGANIZING GRANT
GULF COAST DISTRICT COUNCIL #1 1237 PASS ROAD GULFPORT, MS 39501	14-1876884	5	316,667		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIACAROLINAS PIPE TRADES 2566 OSCAR JOHNSON DR N CHARLESTON, SC 29405	58-6054909	5	302,333		BOOK		ORGANIZING GRANT
ILLINOIS PIPE TRADES 45 NORTH OGDEN AVENUE CHICAGO, IL 60607	36-6080375	5	235,000		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA PIPE TRADES 2930 W LUDWIG ROAD FORT WAYNE, IN 46818	35-0312151	5	171,667		BOOK		ORGANIZING GRANT
MARYLAND PIPE TRADES 7050 OAKLAND MILLS ROAD COLUMBIA, MD 21046	52-2081390	5	280,000		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN PIPE TRADES 5500 W PIERSON ROAD FLUSHING, MI 48433	23-7352117	5	180,000		BOOK		ORGANIZING GRANT
MINNESOTA PIPE TRADES 4402 AIRPARK BLVD DULUTH, MN 55811	41-6033705	5	433,333		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ENGLAND PIPE TRADES 1250 E MAIN STREET MERIDEN, CT 06450	22-2921877	5	134,167		BOOK		ORGANIZING GRANT
OHIO STATE ASSOCIATION 947 GOODALE BOULEVARD COLUMBUS, OH 43212	31-1270975	5	162,500		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE PIPE TRADES 3746 JACKSON AVENUE MEMPHIS, TN 38108	62-1538616	5	52,000		BOOK		ORGANIZING GRANT
KENTUCKY PIPE TRADES 1332 BROADWAY PADUCAH, KY 42001	31-1542217	5	166,667		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE ASSOCIATION 7030 TACOMA MALL BLVD TACOMA, WA 98409	91-0462121	5	43,500		BOOK		ORGANIZING GRANT
WEST VIRGINIA PIPE TRADES 177 29TH STREET WHEELING, WV 26003	55-0582055	5	20,833		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PIPE TRADES 11175 WEST PARKLAND AVENUE MILWAUKEE, WI 53224	39-1606922	5	60,000		BOOK		ORGANIZING GRANT
SOUTH CENTRAL PIPE TRADES 1211 RAPIDES AVENUE ALEXANDRIA, LA 71301	64-0889191	5	428,500		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST PIPE TRADES 2811 S HWY 83 HARLINGEN, TX 78550	20-3465106	5	416,667		BOOK		ORGANIZING GRANT
ROCKY MOUNTAIN PIPE TRADES 6350 N BROADWAY DENVER, CO 80216	27-4198952	5	191,667		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA DISTRICT COUNCIL #16 501 SHATTO PLACE LOS ANGELES, CA 90020	95-1664056	5	241,667		BOOK		ORGANIZING GRANT
UA LOCAL UNION 9 2 IRON ORE ROAD ENGLISHTOWN, NJ 07726	22-0583720	5	85,000		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 12 1240 MASSACHUSETTS AVENUE BOSTON, MA 02125	04-1106780	5	95,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 342 935 DETROIT AVENUE CONCORD, CA 94518	90-0944895	5	23,333		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 24 20 FAIRFIELD PLACE WEST CALDWELL, NJ 07006	22-1345751	5	6,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 27 1040 MONTOUR W INDUSTRIAL BLVD CORAOPOLIS, PA 15108	25-0849580	5	83,333		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 51 11 HEMINGWAY DRIVE E PROVIDENCE, RI 02915	06-1475010	5	20,500		BOOK		ORGANIZING GRANT
UA LOCAL UNION 104 168 CHICOPEE STREET CHICOPEE, MA 01013	04-2705589	5	28,000		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 140 2261 SOUTH REDWOOD ROAD SALT LAKE CITY, UT 84119	20-2498482	5	27,500		BOOK		ORGANIZING GRANT
UA LOCAL UNION 178 2501 WEST GRAND SPRINGFIELD, MO 65802	44-0377546	5	32,500		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 296 575 N RALSTIN MARTINEZ, ID 83642	82-0198631	5	65,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 322 534 STATE ROUTE 73 WINSLOW, NJ 08095	21-0538170	5	16,250		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 354 271 ARMBRUST ROAD YOUNGWOOD, PA 15697	25-1234320	5	104,167		BOOK		ORGANIZING GRANT
UA LOCAL UNION 367 610 W 54TH AVENUE ANCHORAGE, AK 99518	92-0013284	5	37,500		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 475 136 MT BETHEL ROAD WARREN, NJ 07059	22-1305230	5	25,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 449 1517 WOODRUFF STREET PITTSBURGH, PA 15220	25-0817615	5	104,168		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 483 2525 BARRINGTON COURT HAYWARD, CA 94545	94-1011692	5	33,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 520 7193 JONESTOWN ROAD HARRISBURG, PA 17112	23-1173154	5	43,333		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 550 46 ROCKLAND STREET BOSTON, MA 02132	04-1859910	5	60,833		BOOK		ORGANIZING GRANT
UA LOCAL UNION 648 456 N ARTHUR POCATELLO, ID 83204	82-0196579	5	83,333		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 669 7050 OAKLAND MILLS ROAD COLUMBIA, MD 21046	23-7152443	5	458,333		BOOK		ORGANIZING GRANT
UA LOCAL UNION 777 1250 E MAIN STREET MERIDEN, CT 06450	06-1390416	5	81,667		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 30 317 WASHINGTON ST BILLINGS, MT 59101	81-0201347	5	33,333		BOOK		ORGANIZING GRANT
UA LOCAL UNION 73 705 E SENECA ST OSWEGO, NY 13126	16-1311364	5	20,833		BOOK		ORGANIZING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA LOCAL UNION 486 8100 SANDPIPER CIRCLE BALTIMORE, MD 21236	52-1908936	5	65,000		BOOK		ORGANIZING GRANT
UA LOCAL UNION 716 21 GABRIEL DRIVE AUGUSTA, ME 04330	04-3390229	5	53,334		BOOK		ORGANIZING GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number
53-0159020

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL IS AUTHORIZED FOR OFFICERS PER THE UA CONSTITUTION. COMPANION TRAVEL IS AUTHORIZED FOR THE GENERAL PRESIDENT PER THE UA CONSTITUTION.
PART I, LINE 4B	WILLIAM HITE \$853,961 JOHN TELFORD \$176,926

Additional Data

Software ID:

Software Version:

EIN: 53-0159020

Name: UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK MCMANUS GENERAL PRESIDENT	(i)	373,679	0	73,358	0	167,170	614,207	0
	(ii)	0	0	0	0	0	0	0
1PATRICK KELLETT GENERAL SECY TREASURER	(i)	319,855	0	74,316	0	149,170	543,341	0
	(ii)	0	0	0	0	0	0	0
2MICHAEL PLEASANT ASST GENERAL PRESIDENT	(i)	319,322	0	72,357	0	149,207	540,886	0
	(ii)	0	0	0	0	0	0	0
3JAMES MOSS EXECUTIVE VICE PRESIDENT	(i)	273,804	0	76,892	0	130,251	480,947	0
	(ii)	0	0	0	0	0	0	0
4MARK BUSS ADMINISTRATIVE ASSISTANT	(i)	256,894	0	75,408	0	100,305	432,607	0
	(ii)	0	0	0	0	0	0	0
5BRADLEY KARBOWSKY ADMINISTRATIVE ASSISTANT	(i)	260,988	0	59,392	0	124,394	444,774	0
	(ii)	0	0	0	0	0	0	0
6STEVE MORRISON DIR CANADIAN AFFAIRS	(i)	416,657	0	52,100	0	105,532	574,289	0
	(ii)	0	0	0	0	0	0	0
7JAMES MACDONALD ADMIN ASST/CANADA	(i)	367,374	0	52,100	0	93,028	512,502	0
	(ii)	0	0	0	0	0	0	0
8THOMAS BIGLEY DIR PLUMBING SERVICES	(i)	226,458	0	76,616	0	118,944	422,018	0
	(ii)	0	0	0	0	0	0	0
9VIRGIL BOONE DIR TRADE JURISDICTION	(i)	244,959	0	70,403	0	118,944	434,306	0
	(ii)	0	0	0	0	0	0	0
10CHRIS HASLINGER DIR TRAINING	(i)	235,658	0	63,280	0	118,944	417,882	0
	(ii)	0	0	0	0	0	0	0
11MARTIN NASEEF DIR HVACR SERVICE	(i)	226,458	0	77,624	0	118,944	423,026	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL MULVANEY DIR ENERGY & INFRASTRUCTUR	(i)	250,458	0	52,616	0	118,944	422,018	0
	(ii)	0	0	0	0	0	0	0
13JAMES TUCKER DIR OF ORGANIZING	(i)	254,956	0	59,614	0	115,888	430,458	0
	(ii)	0	0	0	0	0	0	0
14BRETT MCCOY DIR METAL TRADES DEPT	(i)	240,058	0	63,016	0	118,944	422,018	0
	(ii)	0	0	0	0	0	0	0
15TOM GROSS DIR PIPELINE & GAS DISTRI	(i)	227,686	0	75,892	0	118,944	422,522	0
	(ii)	0	0	0	0	0	0	0
16DAVID BARNETT DIR PIPELINE & GAS DISTRI	(i)	190,344	0	72,616	0	107,351	370,311	0
	(ii)	0	0	0	0	0	0	0
17KENNETH BROADBENT VICE PRESIDENT	(i)	105,525	0	24,946	0	73,981	204,452	0
	(ii)	0	0	0	0	0	0	0
18PATRICK DOLAN VICE PRESIDENT	(i)	111,841	0	18,473	0	37,336	167,650	0
	(ii)	0	0	0	0	0	0	0
19DANNY HENDRIX VICE PRESIDENT	(i)	108,804	0	16,346	0	36,260	161,410	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21STANLEY SMITH VICE PRESIDENT	(i)	100,748	0	15,980	0	34,797	151,525	0
	(ii)	0	0	0	0	0	0	0
1LANCE ALBIN INTL REP	(i)	196,344	0	70,280	0	107,388	374,012	0
	(ii)	0	0	0	0	0	0	0
2RICHARD ALLEN INTL REP	(i)	207,914	0	57,710	0	104,332	369,956	0
	(ii)	0	0	0	0	0	0	0
3SHAWN BROADRICK INTL REP	(i)	207,914	0	58,806	0	104,332	371,052	0
	(ii)	0	0	0	0	0	0	0
4KEVIN CARDEN INTL REP	(i)	202,225	0	64,735	0	104,332	371,292	0
	(ii)	0	0	0	0	0	0	0
5DAVID DONATO INTL REP	(i)	200,412	0	66,824	0	107,388	374,624	0
	(ii)	0	0	0	0	0	0	0
6DARREN JONES INTL REP	(i)	198,845	0	67,779	0	104,332	370,956	0
	(ii)	0	0	0	0	0	0	0
7ROBERT LAMB INTL REP	(i)	190,346	0	76,614	0	107,388	374,348	0
	(ii)	0	0	0	0	0	0	0
8WILLIAM MEYERS JR INTL REP	(i)	206,770	0	60,466	0	107,388	374,624	0
	(ii)	0	0	0	0	0	0	0
9ROGER MORGAN INTL REP	(i)	207,914	0	59,046	0	107,388	374,348	0
	(ii)	0	0	0	0	0	0	0
10JOHN MURPHY INTL REP	(i)	190,344	0	75,100	0	104,332	369,776	0
	(ii)	0	0	0	0	0	0	0
11BRUCE MYLES INTL REP	(i)	296,504	0	52,100	0	75,794	424,398	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL O'MARA INTL REP	(i)	190,344	0	76,616	0	107,351	374,311	0
	(ii)	0	0	0	0	0	0	0
13RICHARD OLIVER INTL REP	(i)	205,770	0	61,190	0	107,388	374,348	0
	(ii)	0	0	0	0	0	0	0
14KENNY RUGGLES INTL REP	(i)	198,822	0	68,138	0	107,388	374,348	0
	(ii)	0	0	0	0	0	0	0
15GREG SAYLES INTL REP	(i)	199,048	0	68,188	0	107,388	374,624	0
	(ii)	0	0	0	0	0	0	0
16RUSSELL SHELTON INTL REP	(i)	207,012	0	59,612	0	107,388	374,012	0
	(ii)	0	0	0	0	0	0	0
17SCOTT SMITH INTL REP	(i)	190,344	0	76,616	0	107,388	374,348	0
	(ii)	0	0	0	0	0	0	0
18TERRENCE SNOOKS INTL REP	(i)	297,098	0	52,100	0	76,242	425,440	0
	(ii)	0	0	0	0	0	0	0
19KURT STEENHOEK INTL REP	(i)	214,344	0	52,100	0	104,332	370,776	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES WATTS INTL REP	(i)	214,344	0	53,624	0	107,388	375,356	0
	(ii)	0	0	0	0	0	0	0
1 HEIKO WIECHERN INTL REP	(i)	296,738	0	52,100	0	75,868	424,706	0
	(ii)	0	0	0	0	0	0	0
2 DAVID POSEY INTL REP - PAST	(i)	190,344	0	47,567	0	72,357	310,268	0
	(ii)	0	0	0	0	0	0	0
3 LARRY BULMAN SPECIAL REPRESENTATIVE	(i)	190,344	0	76,376	0	107,388	374,108	0
	(ii)	0	0	0	0	0	0	0
4 WENDELL HIBDON SPECIAL REPRESENTATIVE	(i)	186,958	0	70,376	0	101,328	358,662	0
	(ii)	0	0	0	0	0	0	0
5 PHILLIP MARTIN SPECIAL REPRESENTATIVE	(i)	207,031	0	59,294	0	104,041	370,366	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY ROHRER SPECIAL REPRESENTATIVE	(i)	200,537	0	60,732	0	104,384	365,653	0
	(ii)	0	0	0	0	0	0	0
7 PHIL TRUCKS JR SPECIAL REPRESENTATIVE	(i)	194,958	0	52,000	0	101,328	348,286	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number

53-0159020

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	INDIVIDUALS BECOME MEMBERS OF THE UNITED ASSOCIATION IN ACCORDANCE WITH A GOVERNING CONSTITUTION AND BY-LAWS THE UNITED ASSOCIATION'S MEMBERS HAVE THE RIGHTS PROVIDED THEM IN THE CONSTITUTION AND AFFORDED THEM UNDER APPLICABLE LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DELEGATES TO THE UNITED ASSOCIATION'S CONVENTION ELECT THE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY CAN BE APPEALED AT THE UNITED ASSOCIATION'S CONVENTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE GOVERNING BODY OF THE UNITED ASSOCIATION REVIEWED THE 990 PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ANNUAL FINANCIAL DISCLOSURE STATEMENT DOL FORM LM-2 IS AVAILABLE FOR PUBLIC INSPECTION AT THE DOL WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED ASSOCIATION OF JOURNEYMEN &
APPRENTICES OF THE PLUMBING & PIPE

Employer identification number

53-0159020

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

(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
(1) PARK PLACE II TRUST 3 PARK PLACE ANNAPOLIS, MD 21401	BUSINESS TRUST	MD			
(2) UNITED ASSOCIATION MISSISSIPPI LANDING HOLDING COMPANY 3 PARK PLACE ANNAPOLIS, MD 21401 52-2307740	HOLDING COMPANY	MD			

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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(b)(13) controlled entity?	
						Yes	No

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HILLCREST COUNTRY CLUB LIMITED PARTNERSHIP 4600 HILLCREST DRIVE HOLLYWOOD, FL 33021 52-2200343	COUNTRY CLUB	FL						No			No	

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)HILLCREST COUNTRY CLUB INC 3 PARK PLACE ANNAPOLIS, MD 21401 52-2199901	REAL ESTATE	MD		C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HILLCREST COUNTRY CLUB LIMITED PARTNERSHIP	D	177,692	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)