DLN: 93493257003000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization
UNITED ASSOCIATION OF PIPEFITTERS & D Employer identification number B Check if applicable ☐ Address change PLUMBERS LOCAL 625 55-0278224 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 3611 JAMES STREET ☐ Application pending (304) 744-3881 City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, WV $\,$ 25387 $\,$ **G** Gross receipts \$ 836,460 Name and address of principal officer H(a) Is this a group return for **BRETT MATTHEWS** □Yes ☑No subordinates? 39 WILDCAT ROAD H(b) Are all subordinates SOD, WV 25664 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 4947(a)(1) or If "No," attach a list (see instructions) 501(c) (5) **◄** (insert no) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1943 M State of legal domicile ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities UNITE LOCAL JOURNEYMEN/APPRENTICES FOR THEIR MUTUAL ECONOMIC, MORAL AND SOCIAL ADVANCEMENT, IMPROVE CONDITIONS OF THE TRADE AND RENDER ASSISTANCE TO MEMBERS' FAMILIES IN CASE OF DEATH Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 946.897 778,666 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 58,036 28,569 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10,216 16,249 14,265 7,443 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,029,414 830,927 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 55,081 63,368 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 579,146 525,116 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 340,571 330,391 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 983,085 910,588 19 Revenue less expenses Subtract line 18 from line 12 . 46,329 -79,661 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,127,092 2,046,664 14,588 21 Total liabilities (Part X, line 26) . 15,355 22 Net assets or fund balances Subtract line 21 from line 20 . 2,032,076 2,111,737 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 2020-09-04 Signature of officer Sign Here BRETT MATTHEWS PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-09-02 P00002423 Paid self-employed Firm's name PORTER & ASSOCIATES CPAS Firm's EIN > 55-0667628 Preparer Use Only Firm's address ► PO BOX 8129 Phone no (304) 522-2553 HUNTINGTON, WV 25705 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)				Page 2
Pa	rt III Statem	nent of Program Service A	ccomplishments		
	Check If	Schedule O contains a response	or note to any line in this F	Part III	🗆
1	Briefly describe	the organization's mission			
		LOCAL MEMBERS FOR THEIR MUNDER ASSISTANCE TO MEMBERS		E CONDITIONS OF THE TRADE, ADVANC F DEATH	E SOUND UNION
2	Did the organiza	ation undertake any significant p	rogram services during the	year which were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Schedi	le O		
3	Did the organiza	ation cease conducting, or make	significant changes in how	ıt conducts, any program	
					☐ Yes 🗹 No
4	Describe the org Section 501(c)(ganızatıon's program service acc	are required to report the a	s three largest program services, as mea mount of grants and allocations to others	
4a	(Code) (Expenses \$	55,081 including grants	of \$) (Revenue \$	28,569)
	See Additional Dat			, , , , , , , , , , , , , , , , , , , ,	, ,
4b	(Code) (Expenses \$	ıncluding grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding grants	of \$) (Revenue \$)
4d		services (Describe in Schedule G	·		
	(Expenses \$	ıncludır	g grants of \$) (Revenue \$)
4e	Total program	service expenses 🟲	55,081		

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Form **990** (2019)

11f

12a

				_
Pai	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			No

3	for public office? If "Yes," complete Schedule C, Part !	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		

Yes 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R Nο 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D. Part V 🛸 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 Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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 Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e

b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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 14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

0

1c

Yes

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1		
	Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	,
Ь	Each committee with authority to act on behalf of the governing body?	8b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			1
		16b		
	List the states with which a convert this Form 200 is required to be filed.			
17 10	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 MICHAEL RHODES 3611 JAMES STREET CHARLESTON, WV 25387 (304) 744-3881			
			OO	

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Part VII Compensation of Officers, D and Independent Contracto		stees,	, Key	/ Er	npl	oyee	s, H	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	onse or note to	any lu	ne in	this	Part	VII .				🗆
Section A. Officers, Directors, Truste										
 1a Complete this table for all persons required to year ▶ List all of the organization's current officers of compensation Enter -0- in columns (D), (E), and (D) 	s, directors, tru	stees (\	wheth	ner II	ndıv	ıduals		, ,		ganızatıon's tax
• List all of the organization's current key em	ployees, if any	See in:	struct	ions	for	defini	tion	of "key employee"	II.	
• List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations										
• List all of the organization's former officers, of reportable compensation from the organization					pen	sated	emp	loyees who receive	ed more than \$100	0,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co										
See instructions for the order in which to list the	persons above									
Check this box if neither the organization no	r any related oi	ganıza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours	Average Position (do not check more hours per than one box, unless person week (list is both an officer and a any hours director/trustee) Reportable compensation compensation from the organization organization								(F) Estimated amount of other compensation from the
organizations 중据 국 육 월급 골 MISC) MISC) rel								organization and related organizations		
(1) MICHAEL RHODES BUSINESS MAN	40 00			x				95,187	0	0
(2) CRAIG MOSTELLER BUSINESS AGE	40 00			х				88,205	0	0

(A) Name and title	Average hours per week (list any hours	erage Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization organizations								
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	organization and related organizations
(1) MICHAEL RHODES BUSINESS MAN	40 00			х				95,187	0	0
(2) CRAIG MOSTELLER BUSINESS AGE	40 00			×				88,205	0	0
(3) PAUL BREEDLOVE VICE-PRESIDE	1 00			х				О	0	0
(4) CAMERON IGO INSIDE GUARD	1 00			х				О	0	0
(5) BRETT MATTHEWS PRESIDENT	1 00			x				0	0	0
(6) LOREN MARK PATRICK SECRETARY	1 00			×				0	0	0
						l	1			Form 990 (2019)

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Part VII	Section A. Officers, Dire	ectors, Trustees	s, Key E	mp	loye	es, a	nd Hig	hest Compensat	ed Employees (co	intinued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b oth a	ox, u an off tor/tr Off E	check nless icer ar rustee	person nd Highest	compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

line)	Idual trustee rector	tutional Trustys	employee	ovee		

1b Sub-Total											
2 Total number of individuals (including	but not limited	to thos	e liste	ed a	bove	e) who	rece	eived more than \$1	00,000		

		<u> </u>									
c ·	1b Sub-Total										
2											
											Voc No

				'						
1b Sub-Total										
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c) ▶ 183,392									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

1b Sub-Total											
c Total from continuation sheets to Pa	art VII, Section	Α				▶ [
d Total (add lines 1b and 1c)						•		183,392			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000											

	of reportable compensation from the organization p			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

			res	NO	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No	

5

(B)

Description of services

Nο

(C)

Compensation

Form **990** (2019)

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

Section B. Independent Contractors

compensation from the organization >

```
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of
```

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

		(2019)								Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			
		GIRCK II SCHEL	aur '	o concants d	, capc	Se of fibre to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1 a	Federated campa	aigns		1a			revenue		312 - 314
ants	ı	b Membership due:	s.	. [1 b	778,666				
Gra		c Fundraising even	nts .	. [1 c					
ifts, ar A	d Related organizations 1d									
m: 6	•	e Government grants	(cont	ributions)	1e					
ions Sis	1	 All other contribution and similar amounts 	ns, gı s not	fts, grants, included	1f					
but	١,	above g Noncash contributio	ons inc	L cluded in						
Contributions, Gifts, Grants and Other Similar Amounts	-	lines 1a - 1f \$			1 g					
<u>ප</u>	_	h Total. Add lines	1a-11	·		•	778,666			
						Business Code	28,569	28,569		
ı	2a	DEATH ASSESSMENT				900099	28,309	26,369		
Program Service Revenue	Ь									
å										
MCe	C									
Ş	d									
Iranı										
Pτος	е									
	f	All other program	serv	ce revenue						
		Total. Add lines 2				28,569	7	1	<u> </u>	
		Investment income similar amounts)		luding divide		nterest, and other •	16,249	16,249		
		Income from invest				ond proceeds	•			
	5	Royalties	<u>.</u>	(ı) Rea		(II) Personal	<u> </u>			
		_		(I) Nea		, ,	-			
	6a Gross rents 6a 9 b Less rental expenses 6b c Rental income		9,650)	4					
	С	Rental income or (loss)	6с		9,650					
	d	Net rental income	e or (loss)			9,650	9,650		
			-	(ı) Securi	ties	(II) Other	_			
	7a	Gross amount from sales of assets other	7a							
		than inventory					_			
	b	Less cost or other basis and	7Ь							
		sales expenses	\vdash				-			
		Gain or (loss)	7c				_			
		Net gain or (loss) Gross income from fu				· · · >	1			
nue		(not including \$ contributions reported		of						
eve		See Part IV, line 18			8a					
Other Revenue		Less direct expen			8b					
Othe	C	: Net income or (los	55) Tr	om rundraisi	ng ev	ents	1			
	9a	Gross income from See Part IV, line 19								
	ь	Less direct expen			9a 9b		-			
		: Net income or (los			activit	es	_			
	10-	aGross sales of inve	antor	v less						
	100	returns and allowa			10a	890	•			
	b	Less cost of good	s sol	d	10 b	5,533		1.543		
	С	Net income or (los Miscellaneo			ınvent	ory ► Business Code	-4,643	-4,643		
	11	aOTHER REVENUE		Evenue		Dusiness code	2,436	2,436		
	b)				•				
	С	:								
	ابد	All other revenue								
		Total. Add lines 1				•		 		
	12	: Total revenue. S	ee in	structions .			2,436			
					-	· •	830,927	52,261		Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizatio	ns must complete colu	mn (A)
Check if Schedule O contains a response or note to an		_		🗆
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	55,081	55,081		
5 Compensation of current officers, directors, trustees, and key employees	183,392		183,392	
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	80,610		80,610	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	163,512		163,512	
9 Other employee benefits	75,318		75,318	
10 Payroll taxes	22,284		22,284	
11 Fees for services (non-employees)	• •		,	
a Management				
b Legal	5,015		5,015	
c Accounting	5,660		5,660	
d Lobbying	2,222			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
q Other (If line 11q amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	12,917		12,917	
13 Office expenses	10,575		10,575	
14 Information technology				
15 Royalties	56.475		56.475	
16 Occupancy	56,175		56,175	
17 Travel	9,037		9,037	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	310		310	
20 Interest				
21 Payments to affiliates	164,816		164,816	
22 Depreciation, depletion, and amortization	29,502		29,502	
23 Insurance	7,405		7,405	
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 VEHICLE EXPENSES	11,052		11,052	
b TELEPHONE	10,475		10,475	
c BANQUETS/SOCIAL EVENTS	4,497		4,497	
d RETIREMENT BREAKFAST	2,655		2,655	
e All other expenses	300		300	
25 Total functional expenses. Add lines 1 through 24e	910,588	55,081	855,507	0
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 In the following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

31

32

33

Page **11**

171,590

475,403

5.500

		Beginning of year		End of year
1	Cash-non-interest-bearing	253,150	1	
2	Savings and temporary cash investments	661,578	2	
3	Pledges and grants receivable, net		3	

3 4 Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under

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

section 4958(f)(1), and persons described in section 4958(c)(3)(B). 6 22.666 Notes and loans receivable, net 7 Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment cost or other 10a 1,704,301 basis Complete Part VI of Schedule D 10b 526,920 1,189,698 10c 1,177,381 b Less accumulated depreciation 11 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . 12 13 13 Investments—program-related See Part IV, line 11

- 14 14 Intangible assets . . 15 15 Other assets See Part IV, line 11 . . . 2,127,092 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 17 Accounts payable and accrued expenses . 3,733 17 18 18 Grants payable . 19 19 Deferred revenue . .
 - 216,790 2,046,664 2,966 20 Tax-exempt bond liabilities . 20 11.622 21 11,622 21 Escrow or custodial account liability Complete Part IV of Schedule D
- Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23
- 24 24 Unsecured notes and loans payable to unrelated third parties 25 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
- 15.355 14.588 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33.
- Fund Balances 27 2,111,737 27 2,032,076 Net assets without donor restrictions 28 28 Net assets with donor restrictions .
- Organizations that do not follow FASB ASC 958, check here ▶
- complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds Assets 30 30

31

32

33

2,032,076

2,046,664

Form 990 (2019)

2,111,737

2,127,092

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2019)				Page 12
Pa	Reconcilliation 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			830,927
2	Total expenses (must equal Part IX, column (A), line 25)	2			910,588
3	Revenue less expenses Subtract line 2 from line 1	3		-79,661	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,111,737
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,032,076
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b		

Form **990** (2019)

Additional Data

Software Version: **EIN:** 55-0278224

Name: UNITED ASSOCIATION OF PIPEFITTERS & PLUMBERS LOCAL 625

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE BURIAL ASSISTANCE TO FAMILIES OF DECEASED MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2.019

DLN: 93493257003000

Poen to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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

Open to Public Inspection

• 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 **Employer identification number** UNITED ASSOCIATION OF PIPEFITTERS & PLUMBERS LOCAL 625 55-0278224 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

b

1

2

c Total

Part IV

3

Current year

Carryover from last year

expenditure next year?

Return Reference

778,666

(b)

Amount

(a)

Yes | No

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 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 Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

1

2a

2b

2c

3

<u>4</u>

DLN: 93493257003000

2019

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

	me of the organization TED ASSOCIATION OF PIPEFITTERS &			Employe	er identification number
	MBERS LOCAL 625			55-02782	224
Pa	rt I Organizations Maintaining Donor Advi			or Accoun	ts.
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·	· ·	(1-)	Fdd - H
1	Total number at end of year	(a) Donor adv	visea runas	(0)	Funds and other accounts
	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 adviso organization's property, subject to the organization's ex	clusive legal control?			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing or donor advisor, or fo	that grant funds can r any other purpose (be used on conferring ii	ly for mpermissible Yes No
Pa	t III Conservation Easements.	" - 000 P			
	Complete if the organization answered "Ye				
1	Purpose(s) of conservation easements held by the organ	` _			
	Preservation of land for public use (e g , recreation	n or education) $\qquad \qquad \square$	Preservation of an	historically	important land area
	Protection of natural habitat	Ц	Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation o	contribution in the for		servation eld at the End of the Year
а	Total number of conservation easements			2a	eld at the End of the Teal
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified histori	c structure included in ('a)	2c	
d	Number of conservation easements included in (c) acqui	· ·	` *	2d	
	structure listed in the National Register				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguishe	ed, or terminated by	the organiz	ation during the
4	Number of states where property subject to conservation	on easement is located I	•		
5	Does the organization have a written policy regarding th	he periodic monitorina.	inspection, handling	of violations	5.
•	and enforcement of the conservation easements it holds		mspection, namaling	or violations	Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violati	ons, and enforcing co	onservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, a	and enforcing conser	vation ease	ments during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requi	rements of section 1	70(h)(4)(B)	(I)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiz			ent, and
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical T		er Simila	r Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to rep public exhibition, educa	oort in its revenue sta ation, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1			•	\$
(i	ii)Assets included in Form 990, Part X			>	\$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			incial gain, p	
а	Revenue included on Form 990, Part VIII, line 1	_		>	\$
b	Assets included in Form 990, Part X			•	· \$

d Equipment .

Par	t III	Organizations Ma	aintaining Col	ections of A	rt, Histori	cal Tr	easu	res, or Othe	r Similar A	ssets (continued)
3	Using	the organization's acqui (check all that apply)									
а		Public exhibition			d		Loan	or exchange pro	ograms		
b		Scholarly research			е		Other	r			
c		Preservation for future	generations								
4	Provid Part X	de a description of the o	organization's coll	ections and exp	olain how the	ey furth	er the	e organization's	exempt purpo	ose in	
5		g the year, did the orga s to be sold to raise fun							mılar	□ v	es 🗌 No
Pa	rt IV	Escrow and Custon Complete if the org X, line 21.			n Form 990	, Part	IV, lı	ne 9, or repor	ted an amou	unt on	Form 990, Part
1a		e organization an agent, ded on Form 990, Part >		an or other inter	rmediary for	contrib	oution	s or other asset	s not	□ Y	es 🗹 No
ь	If "Ye	es," explain the arrange	ment in Part XIII	and complete t	he followina:	table			Δ	mount	
c		ining balance			J			1c			
d		ions during the year						1d			
е	Distri	butions during the year	-					1e			
f	Endın	ig balance						1f			
2a	Did th	ne organization include	an amount on Fo	rm 990 Part X	line 21 for	escrow	or cu	stodial account	liability?		es 🗆 No
		es," explain the arrange									es 🗆 110
	irt V	Endowment Fund		Check here in t	ine explanat	ion nas	been	provided in Pan	XIII		
-(-	IL V	Complete if the org		ered "Yes" or	n Form 990	, Part	IV, lı	ne 10.			
			•	(a) Current ye		rıor yea		(c) Two years bac	(d) Three ye	ars back	(e) Four years back
1 a	Beginn	ing of year balance .									
b	Contrib	outions									
С	Net inv	estment earnings, gain	ns, and losses								
d	Grants	or scholarships	•								
е		expenditures for facilitie ograms	es								
f	Admını	strative expenses .									
g	End of	year balance									
2	Provid	de the estimated percer	ntage of the curre	nt year end bal	lance (line 1	g, colur	nn (a))) held as			
а	Board	d designated or quasi-ei	ndowment 🟲								
b	Perma	anent endowment ►									
С	Temp	orarily restricted endov	vment 🕨								
	The p	ercentages on lines 2a,	, 2b, and 2c shou	d equal 100%							
3а		nere endowment funds nization by	not in the posses	sion of the orga	nization tha	t are he	eld and	d administered (or the	_	Yes No
	(i) ur	nrelated organizations				•					Ba(i)
	` '	elated organizations .								⊢	a(ii)
b 1		es" on 3a(II), are the rel ribe in Part XIII the inte	-				· •				3b
4					endowment i	unus					
Fe	rt VI	Land, Buildings, a Complete if the org			1 Form 990	. Part	TV. In	ne 11a. See F	orm 990. Pa	art X. li	ne 10.
	Descri	ption of property	(a) Cost or oth	er basıs (b)	Cost or other			(c) Accumulated			(d) Book value
			(ınvestme	nt)							
1a	Land					37	3,417				373,417
	Buildin	-					7,602		320,352		787,250
		old improvements				· ·					

166,406

56,876

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

10,693

6,021

1,177,381

155,713

50,855

Part VII	Investments—Other Securities.	Dart IV la	no 11h Coo Form 000	Dart V June 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	Part X, IINE 12. od of valuation -year market value
	Il derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. lır	ne 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	rare iv, iii	(b) Book value	(c) Method of valuation Cost or end-of-year market
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lın	e 11d. See Form 990, Pa	1
(1)ANNUIT	(a) Description			(b) Book value 216,790
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4)			246 700
Part X	omn (b) must equal Form 990, Part X, col (B) line 15)		<u>•</u>	<u>'</u>
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liabilit		e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)		•	
	or uncertain tax positions In Part XIII, provide the text of the footnol's liability for uncertain tax positions under FIN 48 (ASC 740) Check			

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) $\ .$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b]	
С	Add lines 4a and 4b				4c	
5		1c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See /	Additional Data Table					
						-
		t				

Page 5		Schedule D (Form 990) 2019				
	ormation <i>(continued)</i>	Part XIII Supplemental Info				
	Explanation	Return Reference				
	<u> </u>					

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: EIN: 55-0278224

Name: UNITED ASSOCIATION OF PIPEFITTERS &

PLUMBERS LOCAL 625

Supplemental Information

Return Reference Explanation SCHEDULE D, PAGE 2, PART IV, LINE 2B A MEMBER SAVINGS PLAN IS IN PLACE EMPLOYERS SUBMIT WITHHOLDINGS TO LOCAL, WHICH IN TURN S UBMITS TO A LOCAL BANK THAT DISTRIBUTES THE FUNDS TO THE MEMBERS' INDIVIDUAL ACCOUNT THE AMOUNT ON HAND REPRESENTS PENDING TRANSFERS

efile GRAPH	IIC print - De	O NOT PROCESS	As Filed Data -		DLN:	93493257003000
SCHEDUL	E O	0		to Forms 000 on 0	00 57	OMB No 1545-0047
(Form 990 or EZ)		Supplement Complete to pro Form 990 o	ons on	2019		
Department of the T	Freasury	▶ Go to <u>и</u>	► Attach to Form <u>www.irs.gov/Form9</u>		Open to Public Inspection	
Name Brthe จาย UNITED ASSOCIAT PLUMBERS LOCAL	TION OF PIPEFITTI	ERS &			Employer identif	fication number
990 Schedul	e O, Suppler	nental Informatio	n			
Return Reference				Explanation		
FORM 990, PAGE 6, PART VI, LINE 4	ERSONS SH. E A LONG-TE ION ON THE DAYS) PERS MAY REFUSI IF LAID OFF	ALL BE REFERRED IN ERM ASSIGNMENT N LONG-TERM LIST CI SONS SHALL BE REFI E A LONG-TERM ASS	N AGREEMENT WITH NO MEMBERS MAY Q HANGE ARTICLE VII ERRED IN AGREEME BIGNMENT NO MEME	7 LOCAL LONG TERM (OVER 2 I OUR PRESENT OUT OF WOR IUIT OR OBTAIN A LAYOFF OR SECTION 7 LOCAL LONG TER ENT WITH OUR PRESENT OUT BER WILL LOSE HIS/HER POSI AYS ARTICLE III SECTION I M	RK LIST MEMBER DER TO RETAIN RM (OVER 21 CAL OF WORK LIST TION ON LONG-T	S MAY REFUS HIS POSIT ENDAR MEMBERS 'ERM LIST

Return Explanation
Reference

FORM 990,
PAGE 6,
BER MAY PLACE IN NOMINATION IN OPEN MEETING ANY ELIGIBLE CANDIDATE ANY JOURNEYMAN WHO IS
PART VI,
LINE 6
NUOUS GOOD STANDING FOR TWO YEARS

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. SEE RESPONSE FOR QUESTION 6 PAGE 6, PART VI. LINE 7A

Return Explanation
Reference

FORM 990, PAGE 6, PART VI, LINE 11B

Return Explanation
Reference

LINE 15A

FORM 990, COMPENSATION PRACTICES AND RATES ARE BASED ON THE HOURLY RATE PAID TO JOURNEYMEN AS OUTLINED IN THE LATEST COLLECTIVE BARGAINING AGREEMENT
PART VI.

Return Explanation
Reference

LINE 19

FORM 990, PAGE 6, WRITTEN REQUEST
PART VI.

SCHEDULE R

(Form 990)

Related

Complete if the ord

Department of the Treasury

UNITED ASSOCIATION OF PIPEFITTERS &

Internal Revenue Service

Name of the organization

PLUMBERS LOCAL 625

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2019

DLN: 93493257003000

Open to Public Inspection

Employer identification number

55-0278224

Part I Identification of Disregarded Entities. Comple	ete ıf the organ	ization ansv	vered "Yes	" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (ıf applicable) of disregarded entity		(b) Primary acti		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		Direct c	(f) ontrolling itity	
Part II Identification of Related Tax-Exempt Organizations during the tax ye	ear.		_						ecause			
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dom or foreigr	c) Icile (state Icountry)	(d) Exempt Cod	e section	Public o	(e) harity status on 501(c)(3))	Dı	(f) rect controlling entity	(13) co ent	g) n 512(b) ontrolled tity?
(1)CHARLESTON JOINT APPRENTICESHIP COM 3601 JAMES AVENUE	SCHOOL		v	/V	501 C				NA		Yes	No
CHARLESTON, WV 25387 55-0586529												_
or Paperwork Reduction Act Notice, see the Instructions for Fo	Nrm 990		C 2.	: No 5013	EV EV				Sch.	edule R (Forn	2 990) 3	019

(a)		(b)	(c)	(d)	(e)	(f)	(g)	0	h)	(i)	1	(j)	(
(a) Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income	Share of	Disprop	ertionate itions?	Code V-UE amount in b 20 of Schedule K (Form 106	ox ma	eneral or anaging artner?	Perce
					514)			Yes	No	1	Ye	es No	1
											+		
											+		
		+										- 1	
Identification of Related Organi because it had one or more related						nization ans	swered "Ye	s" on F	orm 9	990, Part	IV, lı	ne 34	
		a corporati		st during th	(d) controlling Tylentity (Co	(e)	(f) Share of total	Share	(g) e of end- year assets	-of- Per	(h) centag	ie !	Section (13) co ent
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	() Section (13) co
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	Section (13) co ent
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	Section (13) co ent
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	Section (13) co ent
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	Section (13) co ent
because it had one or more related (a) Name, address, and EIN of	organizations treated as	c a corporati	on or tru: (c) .egal .micile or foreign	st during th	(d) controlling Tylentity (Co	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Per	(h)	ie !	Section (13) co ent

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		Page	e 3
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) royalities, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution from related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). d Loans or loan guarantees by related organization(s). 1d e Loans or loan guarantees by related organization(s). 1f g Sale of assets to related organization(s). 1g Jurchase of assets from related organization(s). 1g Lease of facilities, equipment, or other assets to related organization(s). 1i Exchange of assets with related organization(s). 1i Lease of facilities, equipment, or other assets from related organization(s). 1j Lease of facilities, equipment, or other assets from related organization(s). 1k Lease of facilities, equipment, or other assets from related organization(s). 1k Performance of services or membership or fundraising solicitations for related organization(s). 1l m Performance of services or membership or fundraising solicitations by related organization(s). 1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1n Sharing of paid employees with related organization(s). 1n Rembursement paid to related organization(s) for expenses.	e organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution from related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). d Loans or loan guarantees by related organization(s). f Dividends from related organization(s). 1f g Sale of assets to related organization(s). 1g h Purchase of assets from related organization(s). 1i Exchange of assets with related organization(s). 1i j Lease of facilities, equipment, or other assets to related organization(s). 1i k Lease of facilities, equipment, or other assets from related organization(s). 1i performance of services or membership or fundraising solicitations for related organization(s). 1i m Performance of services or membership or fundraising solicitations by related organization(s). 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). p Reimbursement paid to related organization(s) for expenses.	dule	Yes	No
b Gift, grant, or capital contribution to related organization(s)	actions with one or more related organizations listed in Parts II-IV?		
c Gift, grant, or capital contribution from related organization(s)	rolled entity	1a Yes	
d Loans or loan guarantees to or for related organization(s)		1b	No
d Loans or loan guarantees to or for related organization(s)		1c	No
f Dividends from related organization(s)			
g Sale of assets to related organization(s). h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). li l Performance of services or membership or fundraising solicitations for related organization(s). m Performance of services or membership or fundraising solicitations by related organization(s). Im n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 5 Sharing of paid employees with related organization(s). 10 p Reimbursement paid to related organization(s) for expenses.		1e	No
g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j k Lease of facilities, equipment, or other assets from related organization(s) 1k l Performance of services or membership or fundraising solicitations for related organization(s) 1l m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 1o p Reimbursement paid to related organization(s) for expenses 1p		1f	No
i Exchange of assets with related organization(s)		1g	No
i Exchange of assets with related organization(s)		1h	No
j Lease of facilities, equipment, or other assets to related organization(s)		1i	No
Performance of services or membership or fundraising solicitations for related organization(s)		1j	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1k	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	d organization(s)	. 11	No
o Sharing of paid employees with related organization(s)	d organization(s)	1m	No
p Reimbursement paid to related organization(s) for expenses	ganization(s)	1n	No
		10	No
q Reimbursement paid by related organization(s) for expenses		1p	No
		1q	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)	11	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)	10	No
p Reimbursement paid to related organization(s) for expenses	1 p	No
q Reimbursement paid by related organization(s) for expenses	1 q	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

(b) Transaction type (a-s)

D

(c) Amount involved

6,250

5,500

RECEIPTS

LOAN BALANCE

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

(1)CHARLESTON JOINT APPRENTICESHIP COM

(2)CHARLESTON JOINT APPRENTICESHIP COM

(d) Method of determining amount involved

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or Yes	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	nte No	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing		(k) Percentage ownership
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Fo	Pag	ge 5						
Part VII	Supplemental Information							
	Provide additional information for responses to questions on Schedule R (see instructions)							
Return Reference		Explanation						