

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

A F	or the	2017 calendar year, or tax year beginning and e	ending	· · · · · · · · · · · · · · · · · · ·			
<b>B</b> c	heck if	C Name of organization		D Employer identific	ation number		
а	pplicable	PLUMBERS & STEAMFITTERS LOCAL 375					
	Addres change	S FYIND DIGITAL INDUSTRIAN DEVIDED MOTO	ST				
F	Name change	Daniel by annual de		92-00	39699		
干	Initial		Room/suite	E Telephone number			
7	_!return  Final	3980 BOAT STREET	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(907)479-4154			
_	-Jreturn/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	569,855.		
	ated ∏Amend			H(a) Is this a group ref			
$\vdash$	_ireturn ∃Applica			for subordinates?			
ш	⊥tiòn pendin	F Name and address of principal officer ROBERT TIOBBARD	n —				
_		SAME AS C ABOVE	or 527	H(b) Are all subordinates ind			
		mpt status 501(c)(3)X 501(c)( 17 ) ◀ (insert no.) 4947(a)(1) o	) <u> </u>	i .	ist (see instructions)		
		e: N/A	. O. v	H(c) Group exemption			
			LOL Year	or formation: 1993 M	State of legal domicile; AK		
Pa		Summary	TIME TO A TOTAL TOTAL TO A TOTAL	INTERNATIONAL OSS	4721m		
ė		Briefly describe the organization's mission or most significant activities SUPPI	TRWEW.I	AL UNEMPLOYE	<u>1ENT</u>		
Activities & Governance		BENEFITS					
eru		Check this box   If the organization discontinued its operations or dispos	sed of more	1 _ 1	_		
Š		Number of voting members of the governing body (Part VI, line 1a)		3	6		
æ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	148		
Ξ		Total number of volunteers (estimate if necessary)		6	6		
4ct	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	b l	Net unrelated business taxable income from Form 990 T <sub>p</sub> line 34	<del></del>	7b	0.		
		RECEIVED	-	Prior Year	Current Year		
ō	8 (	Contributions and grants (Part VIII, line 1h)	2	0.	0.		
enc	9 1	Program service revenue (Part VIII, line 2g)	\$  <u> </u>	0.	0.		
Revenue	l .	investment income (Part VIII, column (A), lines 3, 4, and 7d)		238,371.	382,427.		
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) edition? (A) Jine 12)		238,371.	382,427.		
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>'</b>	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		162,175.	151,925.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.		
Expenses	16a (	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ř	b.	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>				
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,352.	123,229.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		233,527.	<u> 275,154.</u>		
	19	Revenue less expenses Subtract line 18 from line 12	j	4,844.	107,273.		
ces			Ве	eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		10,079,461.	11,086,802.		
AB	21	Total liabilities (Part X, line 26)		30,000.	<u> 29,500.</u>		
캺	20 21 22	Net assets or fund balances Subtract line 21 from line 20		10,049,461.	<u>11,057,302.</u>		
P	art II	Signature Block					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	/ knowledge and belief, it is		
true	correc	t, and complete Seclaration of preparer (other than officer) is based on all information of wh	nch prepare	r has <u>any</u> knowledge.	·		
		Smon & L		4/6/	18		
Sig	n.	Signature of officer		Date			
Her	e ·	Thomas Figher, Trust Chairman					
	,	Type or print name and title					
	-	Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	.	DON A CURTIS DON A CURTIS	(	02/26/18 self-employe	P00010775		
Preparer Firm's name DON A CURTIS & ASSOCIATES PLLC Firm's EIN 26-4388							
Use	Only	Firm's address P.O. BOX 7359					
		COVINGTON, WA 98042		Phone no.25	3.631.2106		
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

# SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST 92-0039699 Form 990 (2017) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO PROVIDE SUPPLEMENTAL UNEMPLOYMENT BENEFITS TO ELIGIBLE PARTICIPANTS IN ACCORDANCE WITH PROVISIONS OF THE PLAN Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. (Code ) (Expenses \$ \_ including grants of \$ ) (Revenue \$ TO PROVIDE SUPPLEMENTAL UNEMPLOYMENT BENEFITS TO ELIGIBLE PARTICIPANTS IN ACCORDANCE WITH PROVISIONS OF THE PLAN ) (Expenses \$ (Code including grants of \$ \_\_ ) (Expenses \$ ) (Revenue \$ including grants of \$ Other program services (Describe in Schedule O.) including grants of \$ ) (Revenue \$

PLUMBERS & STEAMFITTERS LOCAL 375

Total program service expenses

Form **990** (2017)

# PLUMBERS & STEAMFITTERS LOCAL 375 Form 990 (2017) SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST Part IV Checklist of Required Schedules

92-0039699

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		· '	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₩.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>_x</u>	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	• • • • • • • • • • • • • • • • • • • •			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
••	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
		14a		
IJ	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	11h		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<b></b> _
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- <u>-</u> -
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X_
			$\Delta \Delta \Lambda$	(2017)

SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST Form 990 (2017) SUPPLEMENTAL UNEMP
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	# "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		_X_
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	_26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			<b>.</b>
	of any of these persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			}
	instructions for applicable filing thresholds, conditions, and exceptions):	00.		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_29		23
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠,	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017

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Form 990 (2017) SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v				<u>,</u>	<u></u>
		1	1	г——	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	eporta	ible gaming			ŀ
	(gambling) winnings to prize winners?	1	1	_1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a	148			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action	•	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		.,	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices į	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	•		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,	-	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		l —
	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		<u> </u>			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·				
•	amounts due or received from them )	11b				1
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			120		
-	Note. See the instructions for additional information the organization must report on Schedule O			13a		<del></del>
ь	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	40.				
	Enter the amount of reserves on hand	13b		,		
-		<u>13c</u>	L			X
42	UIG THE OF CAMPANION FROM ANY DAYMONES for Indeer tenning convece during the territories.				ı	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	- 0		14a 14b		

## PLUMBERS & STEAMFITTERS LOCAL 375

Form 990 (2017)

SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management	_				·
			•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	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	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			_ 3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			1
	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 boo	ly befo	re filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	res," de	escribe			
	ın Schedule O how this was done			12c	<u> </u>	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)				
	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	Х
b	Other officers or key employees of the organization			15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	nth a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıo	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	avaılab	le	
	for public inspection Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy, and	i finan	cıal	
~	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 bo	ooks ar	d records			
	PLUMBERS LOCAL UNION 375 - (907) 479-4154					
	3980 BOAT STREET, FAIRBANKS, AK 99709-4632					

### PLUMBERS & STEAMFITTERS LOCAL 375

orm 990 (2017)	SUPPLEMENTAL	UNEMPLOYMENT	BENEFIT	TRUST	92
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organizat										nsat			<del></del>																		
(A)	(B)			(l Pos	C) sitior	1		(D)	(E)	(F)																					
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable	Estimated amount of																					
	week	offi	cer ar	ss pe id a c	erson direct	ıs bot or/trus	n an itee)	from	compensation from related	other																					
	(list any	ector						the	organizations	compensation																					
	hours for	<del> </del>	بو			ed	ney emproyee Highest compensated employee Former							age															organization	(W-2/1099-MISC)	fronn the
	related	ustee	truste		es.	bens		(W-2/1099-MISC)		organization																					
	organizations below	l in line	tonal		yold	yee a	_			and related organizations																					
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	age a	Former			Organizations																					
(1) ROBERT HUBBARD	1.00		T	Ť	Ī		_																								
TRUSTEE		х						0.	0.	0.																					
(2) CHARLIE BENNETT	1.00																														
TRUSTEE		x						0.	0.	0.																					
(3) ERIC MACCHIONE	1.00																														
TRUSTEE		X			<u> </u>			0.	0.	0.																					
(4) TOM FISHER	1.00																														
TRUSTEE		X	_		_	<u> </u>		0.	0.	0.																					
(5) WARREN CHRISTIAN	1.00									_																					
TRUSTEE		X				<b>_</b>	ļ	0.	0.	0.																					
(6) MIKE MCGLINCHY	1.00								_	_																					
TRUSTEE		X					ļ	0.	0.	0.																					
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Form **990** (2017)

Form 990 (2017) SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both ar officer and a director/trustee) week from related from other (list any Individual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the related Institutional trustee (W-2/1099-MISC) organization organizations and related (ey employee below organizations Officer line) 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 238,011. 238,011. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 331,844 assets other than inventory b Less cost or other basis 187,428. and sales expenses 144,416. c Gain or (loss) 144,416. 144,416. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total, Add lines 11a-11d 0. 238,011. 382,427. Total revenue. See instructions. 144,416.

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Form 990 (2017)

secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ompiete column (ry.	
Do r	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16			ļ	
4	Benefits paid to or for members	<u>151,925.</u>			
5	Compensation of current officers, directors,				
	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			(	
_	persons described in section 4958(c)(3)(B)			<del> </del>	
7	Other salaries and wages			<del> </del>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<del> </del>	<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees)			<del> </del>	<del></del>
	Management	20,600.			
b	Legal				
С	Accounting	4,900.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	77,524.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)			<u> </u>	·
12	Advertising and promotion			<del> </del>	
13	Office expenses	1,854.		<del> </del>	
14	Information technology			<del> </del>	
15	Royalties			<del> </del>	<del></del>
16 17	Occupancy Travel			<del> </del>	
17 18	Payments of travel or entertainment expenses			<del> </del>	
.0	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings	12,574.		<del> </del>	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,777.			
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 0.)				
а					
b					
C					
d					
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	275,154.		<del> </del>	
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	ļ			
	Check here if following SOP 98-2 (ASC 958-720)			<del></del>	000 1001

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Form 990 (2017)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 28,417 20,311. 1 Cash - non-interest-bearing 63,915. 53,914. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 12. 87. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 **Assets** 7 Notes and loans receivable, net Inventories for sale or use 8 4,680. 4,680. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less. accumulated depreciation Investments - publicly traded securities 11 11 9,992,438. 10,997,809. Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 10,079,461. 086,802. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 29,500. 30,000. Accounts payable and accrued expenses 17 17 Grants payable 18 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, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 29,500. 30,000. 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund О. 31 32 Retained earnings, endowment, accumulated income, or other funds 10,049,461. 32 11,057,302. 10,049,461. 11,057,302. 33 Total net assets or fund balances 33 11,086,802. Total liabilities and net assets/fund balances 10,079,461. 34

PLUMBERS & STEAMFITTERS LOCAL 375 92-0039699 Form 990 (2017) SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 382,427. 1 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 275,154. 2 Revenue less expenses. Subtract line 2 from line 1 107,273. 3 3 10,049,461. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 900,568. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 investment expenses 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 11,057,302. 10 column (B)) Part XII Financial Statements and Reporting  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Lash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis

X

Form 990 (2017)

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2c

За

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PLUMBERS & STEAMFITTERS LOCAL 375

SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

**Employer identification number** 92-0039699

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ition easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	•	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		_
b	, , , , , , , , , , , , , , , , , , , ,		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treation	asures, or other similar assets for financia	ał gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>S S S S S S S S S S</b>

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

PLUMBERS & STEAMFITTERS LOCAL 375

	dule D (Form 990) 2017 SUPPLEM  † III Organizations Maintaining C	ENTAL UNER						9 <u>⊿-00</u> ar <b>∆</b> sso			age Z
3	Using the organization's acquisition, accessi	on, and other record	as, cneck	any or the	following that a	ie a sig	jriiicant	use or its	Collection	i item:	S
	(check all that apply)										
а	Public exhibition	•			hange programs	S					
b	Scholarly research	•	e [] (	Other				· -			
С	Preservation for future generations				_						
4	Provide a description of the organization's co							ose in Pari	t XIII.		
5	During the year, did the organization solicit o		-			sımılar a	assets	r	٦		7
D	to be sold to raise funds rather than to be m					<del></del> -			Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		lete if the	organizatio	n answered "Ye	es" on I	-orm 990	), Paπ IV,	line 9, or		
					o or other peach						
та	Is the organization an agent, trustee, custod	ian or other interme	diary for c	contribution	is or other asset	is not i	nciuaea	г	٦٧.	_	1
	on Form 990, Part X?		- 11	-1-1-				L	Yes	L	No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing ta	abie.					A		
	Decrease halones								Amount	:	
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
7	Ending balance  Did the organization include an amount on Fi	orm 000 Dart V line	. 01 for a		untodial annount	t labilit	<u>_1f</u>		Yes		No
	If "Yes," explain the arrangement in Part XIII						.y <u>:</u>	L	ı res	<u> </u>	]
Par											<u> </u>
	2 1 Lita Ville I all all Complete I	(a) Current year		or year	(c) Two years b			ears back	(e) Four		hack
10	Beginning of year balance	(a) Current year	(0) -1	ioi yeai	(C) Two years b	ack 11	u) miee )	Cai S Dack	(e) i oui	years	Dack
1a	Contributions	<del></del>	<del> </del>		<del> </del>	-+					
			<del> </del>		<del> </del>	-+					
ن	Net investment earnings, gains, and losses Grants or scholarships		<del> </del>		<del> </del>	-+					
a	Other expenditures for facilities		<del> </del>		<del> </del>	-+					
е			ł		4						
	and programs Administrative expenses				<del> </del>	-+					
١	End of year balance		<del>                                      </del>		<del> </del>	$\dashv$					
g 2	Provide the estimated percentage of the cur	reat year and balan	oo (line 1c	- column (	a)) hold as:				L		
	Board designated or quasi-endowment	rent year end balan	%	y, coluinin (a	ajj rielu as						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
·	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ration that	t are held a	and administered	d for th	e organi:	ration			
	by	ocion or the organiz					o o.ga		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on So	chedule R?	ı				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a S	See Form 990, P	art X, I	ine 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Bool	k valu	
		basis (invest	ment)	basis	(other)	dep	reciation	ł	•		
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Pari	t X, colum	n (B), line	10c)						0.

PLUMBERS & STEAMFITTERS LOCAL 375 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

Schedule D (Form 990) 2017

990, Part IV, line 11 Book value  163,557. ,834,252.	COST		end-of-year market v	ralue
163,557. ,834,252.	(c) Method of va		end-of-year market v	ralue
163,557.	COST	aluation. Cost or	end-of-year market v	value
,834,252.				
,834,252.				
,834,252.				
,834,252.				
,834,252.				
,997,809.				
,997,809.				
,997,809.				
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			<del></del>	
				·oluo
Book value	(c) Method of V	aluation Cost or	end-or-year market	/alue
990, Part IV, line 11	1d See Form 990,	Part X, line 15		
	<del></del>	<del></del>	(b) Book va	alue
			<del></del>	
			<del></del>	
			<del></del>	
	<del></del>			
			<u> </u>	
		n 990, Part X, lin	e 25.	
(b	) Book value			
		1		
		ĺ		
of the feetnets to t	the organization's	inancial statema	inte that reports the	
	990, Part IV, line 1 on  990, Part IV, line 1 (b)	Book value (c) Method of value  990, Part IV, line 11d See Form 990, on  990, Part IV, line 11e or 11f See Form (b) Book value	990, Part IV, line 11d See Form 990, Part X, line 15 on  990, Part IV, line 11e or 11f See Form 990, Part X, line (b) Book value	Book value (c) Method of valuation Cost or end-of-year market \ 990, Part IV, line 11d See Form 990, Part X, line 15 on (b) Book va

PLUMBERS & STEAMFITTERS LOCAL 375 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST 92-0039699 Page 4 Schedule D (Form 990) 2017 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. 1,205,471.Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 900,568. a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 900,568. Add lines 2a through 2d 2e 304,903. 3 Subtract line 2e from line 1 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 77,524. b Other (Describe in Part XIII) 4h 77,524. c Add lines 4a and 4b 382,427. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 198,430. Total expenses and losses per audited financial statements 1 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 198,430. Subtract line 2e from line 1 3 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 77,524. 4a <800. b Other (Describe in Part XIII.) 4b 76,724. c Add lines 4a and 4b 4c 275,154. 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 PART XII, LINE 4B - OTHER ADJUSTMENTS: CHANGE IN ESTIMATED INCURRED BENEFITS PAYABLE

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

PLUMBERS & STEAMFITTERS LOCAL 375 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST

Employer identification number 92-0039699

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
EMPLOYEE BENEFIT PLAN
FORM 990, PART VI, SECTION A, LINE 7A:
GOVERNING BODY APPROVES CHANGES IN THE BOARD
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 REVIEWED BY THE GOVERNING BODY PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
THE GOVERNING BODY MONITORS THE FRAUD AND CONFLICT OF INTEREST POLICY ON A REGULAR BASIS
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE ON REQUEST
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR