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DLN: 93493136026382

Form **990** 

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For	the 2010	calendar year, or tax year beginning 07-01-2010 and ending	06-30-2011		
_	ck if applicable	INTERNATIONAL BROTHERHOOD OF			identification number
_	ess change	BOILERMAKERS IRON SHIP BUILDERS  Doing Business As		48-6031	
	ne change			E Telephon	e number
Term	al return ninated	Number and street (or P O box if mail is not delivered to street addres 753 STATE AVE NO 565	Room/suite	(913) 37	
	nded return Ication pendin	City or town, state or country, and ZIP + 4 KANSAS CITY, KS 66101	•	<b>− G</b> Gross rece	ipts \$ 53,811,770
		F Name and address of principal officer	<b>H(a)</b> Is the	s a group return for af	filiates? Yes No
		WILLIAM CREEDEN 753 STATE AVE NO 565			
		KANSAS CITY,KS 66101	If"		st (see instructions)
<b>I</b> Tax	-exempt statu	is	- 527 <b>H(c)</b> Gro	rup exemption	number ► 1252
J We	ebsite:► W	/WW BOILERMAKERS ORG			
<b>K</b> Form	of organization	on Corporation 7 Trust Association Other ►	<b>L</b> Year of	ormation 1893	M State of legal domicile K
Par	t I Su	mmary			
2		describe the organization's mission or most significant activiti NATIONAL LABOR UNION	es		
Activities & Governance					
<u>₹</u>	2 Check	this box 🔭 if the organization discontinued its operations or	disposed of more than	25% of its net	assets
<u> </u>	3 Numbe	er of voting members of the governing body (Part VI, line 1a)		3	
80 00 00	4 Numbe	str of independent voting members of the governing body (Part V	'I, line 1b)	. 4	(
<b>Ĕ</b>	<b>5</b> Total n	umber of individuals employed in calendar year 2010 (Part V,	line 2a)	5	13:
<u> </u>		umber of volunteers (estimate if necessary)		6	
`		inrelated business revenue from Part VIII, column (C), line 12		7a	<del>'</del>
	<b>b</b> Net un	related business taxable income from Form 990-T, line 34 .		7b	, ' ' '
				or Year	Current Year
<u>.</u>	8 Contributions and grants (Part VIII, line 1h)			0	
eu		ram service revenue (Part VIII, line 2g)	36,864,732		
윤미		stment income (Part VIII, column (A), lines 3, 4, and 7d) .	1,068,101		
		er revenue (Part VIII, column (A ), lines 5, 6d, 8c, 9c, 10c, and l revenue—add lines 8 through 11 (must equal Part VIII, colur		895,957	1,975,603
			· · · · · · · · · · · · · · · · · · ·	38,828,790	40,557,252
	<b>13</b> Gran	its and similar amounts paid (Part IX, column (A), lines $1-3$ )		351,278	368,346
	<b>14</b> Bene	efits paid to or for members (Part IX, column (A), line 4) $\cdot$ .		5,396,926	70,987
Expenses	5-10	•		29,820,317	29,031,982
<u>\$</u>		essional fundraising fees (Part IX, column (A), line 11e)		0	C
표		fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0			
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f).		12,855,078	
		l expenses Add lines 13–17 (must equal Part IX, column (A),		48,423,599	
	19 Reve	enue less expenses Subtract line 18 from line 12		-9,594,809 ng of Current	
Not Assets or Fund Balances				Year	End of Year
88. 18.		l assets (Part X, line 16)		66,682,451	
2 gg		I liabilities (Part X, line 26)		149,442	17,194,341
		assets or fund balances Subtract line 21 from line 20		66,533,009	62,646,475
	penalties of edge and bel	nature Block  perjury, I declare that I have examined this return, including acconief, it is true, correct, and complete. Declaration of preparer (other			
	_ I B	**** Inature of officer		2012-05-15	
Sign Here	w <sub>I</sub>	Inature of officer  LLIAM CREEDEN INTL SEC TREASURER  pe or print name and title		Date	
	Print/Ty	'	T <sub>n</sub> .	Charle of and	DITM
<b>.</b>		ries name LEGACY PROFESSIONALS LLP PROFESSIONALS LLP	Date ISTIP	Check if self- employed •	, PTIN
Paid	Firm's r	name LEGACY PROFESSIONALS LLP		· · · · ·	Firm's EIN
Prepar Use O	- ,	address • 311 SOUTH WACKER SUITE 4000			Phone no • (312) 368-
_	,	CHICAGO, IL 60606			0500 F (312) 368-
Mav th	ne IRS disc	uss this return with the preparer shown above? (see instruction	ns)		✓ Yes 「No

1	Check if Schedule ( Briefly describe the organ RNATIONAL LABOR UNI	O contains a response	Accomplishments to any question in this Part III		୮
_		nization's mission			
– INTEI					
		ON			
			rogram services during the year whi		Yes ✓ No
	If "Yes," describe these no	ew services on Schedi	ile O		
3	Did the organization cease services?	e conducting, or make	significant changes in how it condu	cts, any program	Yes V No
	If "Yes," describe these cl	hanges on Schedule O			
	Section 501(c)(3) and 50	1(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	equired to report the amou	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	•	S THE INTERESTS OF ITS M	EMBERS BY BARGAINING COLLECTIVELY WI	TH THEIR EMPLOYERS TO SECUE	RE BETTER WORKING
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program convers	(Doscribo in Sabadilla			
-ru	Other program services (Expenses \$			) (Revenue \$	)
4e	Total program service ex	penses <b>⊩</b> \$			

Part TV	Checklist o	f Required	Schedules
	CHCCKHSCO		Schodules

			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 instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	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		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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 $\Box$ Yes $\Box$ No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 61			
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 reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country ▶CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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			
e	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand  13c			
142	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	14a		110

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	·
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		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			1
а	The governing body?	8a	Yes	
b	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? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Ke	evenue Code.)	$\overline{}$	Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	103	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 WILLIAM CREEDEN 753 STATE AVE SUITE 565 KANSAS CITY, KS 66101 (913) 371-2640

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

#### 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	Posi t						(D)  Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Key employee Officer Institutional Trustee or director		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) NEWTON B JONES INTERNATIONAL PRESIDENT	40 00			Х				342,384	0	163,557
(2) WILLIAM CREEDEN INTERNATIONAL SEC - TREAS	40 00			Х				260,355	0	157,428
(3) ED POWER INTERNATIONAL VICE PRES	40 00			Х				261,868	0	167,283
(4) TOM BACA INTERNATIONAL VICE PRES	40 00			Х				263,313	0	169,643
(5) JOSEPH MALONEY INTERNATIONAL VICE PRES	40 00			Х				258,898	0	171,360
(6) LAWRENCE J MCMANAMON INTERNATIONAL VICE PRES	40 00			Х				248,183	0	156,623
(7) SEAN P MURPHY INTERNATIONAL VICE PRES	40 00			Х				254,812	0	157,217
(8) TRUMAN FAIRELY JR INTERNATIONAL VICE PRES	40 00			Х				266,717	0	155,205
(9) JAMES PRESSLEY INTERNATIONAL VICE PRES- NEW	40 00			Х				218,124	0	126,890
(10) STEPHEN SPEED SPC ASSTNT TO INT PRES	40 00					Х		186,885	0	96,479
(11) DONALD CASWELL DIRECTOR OF PUBLICATIONS	40 00					х		253,940	0	136,061
(12) KYLE EVENSON EXECUTIVE DIRECTOR, CONST	40 00					х		214,512	0	111,050
(13) JAMES TINNEY ASSISTANT TO THE INT'L PRE	40 00					х		184,859	0	111,519
(14) BRIDGET POWEL MARTIN DIRECTOR OF POLITICAL AFFAIRS	40 00					х		163,746	0	92,520
(15) SAM MAY INTERNATIONAL VICE PRES- FORMER	40 00						х	378,696	0	156,479

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	() tion ( that a	•		II		Rep comp	( <b>D)</b> ortable ensation	(E) Reportable compensation from related		(F) Estima amount o	ated fother	
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	m the zation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	,	compens from t organizat relat organiza	the ion and ed	
												_			
1b c	Sub-Total					•	· ·	<u> </u>				+			
d	Total (add lines 1b and 1c) .							<b> -</b>		3,757,292		0	2,	129,314	
2	Total number of individuals (incl \$100,000 in reportable compen	•					above	) who	receive	ed more tha	n	•			
													Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> " <i>Yes,"</i> complete Scl				ee, k • •	ey e	mploy •	ee, c	r highes • • •	t compens:	ated employee	3	Yes		
4	For any individual listed on line is organization and related organization and related organization.													1	
5	Did any person listed on line 1a	receive or accr	ue comp	• oensa	• ation	• n froi	many	• unre	• • lated org	• • • ganızatıon o	r individual for	4	Yes		
	services rendered to the organiz	ation? <i>If</i> " <i>Yes,"</i>	complet	e Sch	edul	le J f	or suci	h per	son .		•	5		No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ent	contra	ctors	that red	ceived more	e than				
	Nar	(A) ne and business ad	dress							Descr	(B) uption of services		(C Comper		
SUITE KANS	E & UHLIG E 475 753 STATE AVENUE AS CITY, KS 66101									LEGAL SERVI	CES			569,336	
311 S	CY PROFESSIONALS LLP WACKER SUITE 4000 AGO, IL 60606									ACCOUNTING	CCOUNTING AND AUDITING FEES			117,033	
1750	ED UNIONS NEW YORK AVE NW IINGTON, DC 20006									PRINTING SE	RVICES		102,722		
												-			

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

\$100,000 in compensation from the organization  $\triangleright 3$ 

Form 9		` <u>'</u>					Pa	ge <b>9</b>
Part V	VIII	Statement of Revenu	<u>16</u>		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
- to	1a	Federated campaigns	<b>1</b> a					512, 513, or 514
Contributions, gifts, grants and other similar amounts		Membership dues						
₽ੂੰ								
E Hasi		Fundraising events						
% <u>=</u>		Related organizations	. 1d					
Ş. ¥.	е	Government grants (contributions)	<b>1e</b>					
至	f	All other contributions, gifts, grants, similar amounts not included above						
풀	g	Noncash contributions included in lii						
ΣĒ	-	Total. Add lines 1a-1f						
	-"	Total. Add lilles 14-11	· · · · · · · · · · · · · · · · · · ·	I Burana a Cada				
E	2a			Business Code				
Program Serwce Revenue	-4	MEMBERSHIP DUES		900099	35,047,242	35,047,242		
or GE	Ь	RENTS FROM AFFILIATED		531190	869,517	869,517		
rwe	C	MEDICARE PART D SUBSID		900099	163,675	· ·		
Š	d e	PRESCRIPTION DRUG REBA		900099	90,779			
Ē		All other program service rev	/enue	900099	81,088	81,088 21,859		
Ş					21,859			
	_	<b>Total.</b> Add lines 2a-2f			36,274,160			
	3	Investment income (includin	- ·		2,185,325			2,185,325
	4	and other similar amounts)  Income from investment of tax-exe			2,103,323			2,103,323
	-	Royalties						
		Noyanies	(ı) Real	(II) Personal				
	6a	Gross Rents	858,065	(11) 1 0 10 0 11 11				
	ь	Less rental	490,340					
	c	expenses Rental income	367,725	+				
		or (loss)  Net rental income or (loss)	<b></b>	1	367,725		-8,774	376,499
	u	Net rental income of (loss)	(ı) Securities	(u) Othor	307,723		0,774	370,433
	7a	Gross amount	12,886,342	(II) O ther				
		from sales of assets other						
	_	than inventory	12.764.470					
	Ь	Less cost or other basis and	12,764,178					
	c	sales expenses Gain or (loss)	122,164					
		Net gain or (loss)		1	122,164			122,164
άs		Gross income from fundraisir						
Other Revenue		(not including						
A		\$ of contributions reported on I	ine 1c)					
č		See Part IV, line 18	•					
<u>=</u>	L		a					
ŏ		Less direct expenses Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a	1				
		Less direct expenses		, l				
		Net income or (loss) from ga						
	10a	Gross sales of inventory, les	S					
		returns and allowances .	_					
			a	34,469				
		Less cost of goods sold .  Net income or (loss) from sa			34,469	34,469		
	Ĕ	Miscellaneous Revenue	s. m. checky i i	Business Code	2.,.03	.,		
	112	CASH SURRENDER		900099	1,365,620			1,365,620
		PROYALTIES	<del></del>	900099	165,761			165,761
		MISCELLANEOUS		900099	31,942			31,942
		All other revenue			10,086			10,086
		Total. Add lines 11a-11d .			10,000			20,000
	`		· · · · · · · ·		1,573,409			
	12	Total revenue. See Instruction	ons		40 557 353		0 774	4 257 207
					40,557,252	36,308,629		4,257,397

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations									
	in the U.S. See Part IV, line 21	294,485								
2	Grants and other assistance to individuals in the									
	U.S. See Part IV, line 22	64,040								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U S See Part IV, lines 15 and 16	9,821								
4	Benefits paid to or for members	70,987								
5	Compensation of current officers, directors, trustees, and	,								
	key employees	3,947,932								
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	11,688,785								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,360,988								
9	Other employee benefits	6,066,237								
10	Payroll taxes	1,968,040								
а	Fees for services (non-employees) Management									
b	Legal	786,628								
C	Accounting	115,044								
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	654,334								
g	Other	336,835								
12	Advertising and promotion	5,148								
13	Office expenses	1,657,781								
14	Information technology	286,124								
15	Royalties									
16	Occupancy	598,123								
17	Travel	869,039								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,428,486								
20	Interest	160,833								
21	Payments to affiliates	1,106,451								
22	Depreciation, depletion, and amortization	1,110,084								
23	Insurance	382,065								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	OFFICER AND REPRESENTAT	4,034,116			_					
b	MAINTENANCE FEES	536,627								
c	ADMINISTRATIVE EXPENSES	285,334								
d	GIFTS AND SOUVENIRS	97,582			_					
e	ORGANIZING EXPENSES	59,899								
f	All other expenses	279,447								
25	Total functional expenses. Add lines 1 through 24f	44,261,295								
26	Joint costs. Check here ► ☐ If following									
	SOP 98-2 (ASC 958-720) Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
				·						

Part X Balance Sheet (A) (B) Beginning of year End of year 286.961 1,049,233 1 1 3.322.026 2 1.826.652 2 Savings and temporary cash investments . . . . . . . 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 311,715 7 762,404 8 8 9 10a Land, buildings, and equipment cost or other basis Complete 31.376.966 Part VI of Schedule D 10a 10b 18.652.898 11,232,793 **10c** b Less accumulated depreciation . . . . . 12,724,068 25.696.375 23.552.553 11 11 25,827,581 39,925,906 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 5.000 15 0 15 79,840,816 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 66.682.451 16 **17** 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 16.777.585 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 149.442 25 416.756 26 149.442 26 17,194,341 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 66,533,009 27 62,646,475 Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 66,533,009 62,646,475 33 33 Total net assets or fund balances . . . . . Total liabilities and net assets/fund balances . . . . . 34 66,682,451 79,840,816

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	•		. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40,!	557,25
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,2	261,29
3	Revenue less expenses Subtract line 2 from line 1	3		-3,7	704,04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		66,!	533,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-:	182,49
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		62,6	646,47
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				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
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

DLN: 93493136026382

OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

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

- 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization
INTERNATIONAL BROTHERHOOD OF
BOILERMAKERS IRON SHIP BUILDERS

Employer identification number 48-6031851

PartI-A C	Complete if t	he organization is:	exempt under se	ection 501(c)	or is a so	ection 527 organization.
-----------	---------------	---------------------	-----------------	---------------	------------	--------------------------

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	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 2
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- 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 funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 3 Did the filing organization file Form 1120-POL for this year? 4
- 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) INT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE EDUCATION FUND	753 STATE AVE SUITE 565 KANSAS CITY,KS 66101	73-1642974		294,943

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

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

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
  - Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I-A, LINE 1	THE INTERNATIONAL PROVIDED INFORMATION TO ITS MEMBERS ABOUT ELECTORAL CAMPAIGNS AND ISSUES, ENCOURAGES ITS MEMBERS TO PARTICIPATE IN THE ELECTORAL PROCESS, AND COLLABORATES WITH OTHER LABOR ORGANIZARIONS AND ALLIED GROUPS ON ELECTORAL MATTERS, ALL IN ORDER TO SERVE THE BEST INTERESTS OF THE ORGANIZATION'S MEMBERS, THEIR FAMILIES AND ALL WORKING PEOPLE THE INTERNATIONAL ALSO SPONSORED A SEPARATE SEGREGATED FUND THAT IS REGISTERED AS A FEDERAL POLITICAL COMMITTEE WITH THE FEDERAL ELECTION COMMISSION (FEC) AND A SEPARATE SEGREGATED FUND
		THAT IS REGISTERED AS A POLITICAL ORGANIZATION WITH THE INTERNAL REVENUE SERVICE (IRS) THE
		ORGANIZATION PROVIDED ADMINISTRATIVE SUPPORT FOR THESE FUNDS IN ACCORDANCE WITH THE
		RESPECTIVE FEC AND IRS REGULATIONS

2c 3

4

5

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DLN: 93493136026382

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

	ne of the organization RNATIONAL BROTHERHOOD OF	Employer identification number				
	ERMAKERS IRON SHIP BUILDERS		48-	5031851		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts. Complete if the		
		(a) Donor advised funds	(	(b) Funds and other accounts		
	Total number at end of year					
<u>!</u>	Aggregate contributions to (during year)					
}	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
,	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or adv	rsed <b>┌ Yes                                   </b>		
<b>,</b>	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for ar	ny othe	r purpose Yes No		
Pai	t II Conservation Easements. Complete	of the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.		
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertifie	d historic structure		
				Held at the End of the Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	d by th	ne organization during		
	the taxable year ▶					
ļ	Number of states where property subject to conserv	vation easement is located by				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand	— dling of	violations, and <b>Yes No</b>		
<b>i</b>	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents d	uring the year 🛌		
,	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	durin	g the year ► \$		
ì	Does each conservation easement reported on line 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion	┌ Yes		
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial				
ar	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar Assets.		
la.	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets help provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	ch in fu			
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ii		•		
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r finan	cial gain, provide the		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	TITLE Organizations Maintaining Co	liections of Art, F	<u> 11STOI</u>	ric	<u>cai ireasi</u>	ires, or Oth	<u>er Simila</u>	<u>r Asse</u>	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the fo	ollo	owing that a	re a sıgnıfıcant	use of its c	ollection	n	
а	Public exhibition	•	d 「	-	Loan or exc	hange program	s			
b	Scholarly research	•	е Г	-	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ney	further the	organızatıon's e	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered "	Yes" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ary for	cc	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fol	lowing	ta	ble			Amou	ınt	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?				•	$\overline{}$	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete		nswe (b)Prio				art IV, line I)Three Years		)Four Ye	ears Back
1a	Beginning of year balance									
b	Contributions									
C	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held as								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
C	Term endowment ►									
3a	Are there endowment funds not in the posses organization by	ssion of the organization	on that	t a	re held and	admınıstered fo	r the		Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio							3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Buildings	s, and Equipment						$\overline{}$		
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumi deprecia		( <b>d</b> ) Boo	ok value
1a	Land					4,077,152	2	$\longrightarrow$	•	1,077,152
	Buildings					10,716,900	6,8	322,787	:	3,894,113
С	Leasehold improvements							$\longrightarrow$		
	Equipment					14,325,317		26,537	:	3,298,780
	Other		<u> </u>		10( ) ;	2,257,597		03,574		1,454,023
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column	(B), lır	ne.	10(c).)		▶		12	2,724,068

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)INVESTMENT IN BANK STOCK	4,758,804	C
(B) AFL-CIO HOUSING INVESTMENT TRUST	1,072,059	С
(C) POOLED INVESTMENT FUNDS	20,411,149	С
(D) COMMERCIAL LOANS	13,683,894	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip		(b) Book value
Table (Calument (b) about descript Forms 2000, Don't Versel (D) line of	<i></i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	<b>(b)</b> A mount	
Federal Income Taxes		
PAYROLL WITHHOLDINGS AND OTHER LIABILITIES	416,756	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)	_	
_C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	204
2611U 1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	реги	keturn
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
_ C	Add lines <b>4a</b> and <b>4b</b>	4c	_
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	<b>TABLE 1</b> Supplemental Information  uplete this part to provide the descriptions required for Part II. lines 3.5. and 9. Part III. lines 1a and 4. Part III.	art  \/	unes 1 h and 2 h
CUII	imete una part lo provide ule describuions reduited for Falt II. IIIIES 3. 3. alid 7. Falt III. IIIIES 14 alid 4. Fa	41 L I V - I	mea tu anu zu.

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INTERNATIONAL BROTHERHOOD FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN AND FORM K-120, KANSAS CORPORATE INCOME TAX THE INTERNATIONAL BROTHERHOOD'S RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE KANSAS DEPARTMENT OF REVENUE UNTIL THE APPLICABLE STATUTES OF LIMITATION EXPIRE

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DLN: 93493136026382

OMB No 1545-0047

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Inspection

# **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification nu

	ERNATIONAL BROTHERHOO	D O F				Employer Identi	rication number
	LERMAKERS IRON SHIP BUIL					48-6031851	
Pa	"Yes" to Form 990,			the United States. C	omplete	e if the organiza	ation answered
1	For grantmakers. Does th	ne organization i	maıntaın recor	ds to substantiate the	amount	of the grants o	r
	assistance, the grantees'		_				rd
	the grants or assistance?						┌ Yes ┌ No
2	<b>For grantmakers.</b> Describe in United States	Part V the organı	zatıon's procedu	ires for monitoring the us	e of gran	t funds outside the	e
3	Activites per Region (Use Pa	art V ıf addıtıonal :	space is needed	)			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for region/investments in region
	CANADA	2	12	PROMOTE AND PROTECT THE INTERESTS OF CANADIAN MEMBERS		TE AND ET THE STS OF IAN MEMBERS GAINING	3,973,683
3a	Sub-total	2	. 12				3,973,683

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

0

3,973,683

Pa	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000												
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
	Entor total au	mhor of rocus	int organizations lis	tod above that are	rocognized as share	tios by the foreign	country recognized	35					
	tax-exempt by	y the IRS, or fo	or which the grante	e or counsel has pro	ovided a section 50	1(c)(3) equivalency	country, recognized letter	· <b></b>					
<u>3</u>	Enter total number of other organizations or entities												

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CANADA	5	8,697	DIRECT PAYMENT TO UNIVERSITY		N/A	N/A
DEA							

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF

**BOILERMAKERS IRON SHIP BUILDERS** 

Schedule F (Form 990) 2010

Page **5** 

#### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493136026382

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS Employer identification number

48-6031851

Part I General Information	on on Grants and	l Assistance					
Does the organization maintain the selection criteria used to av	ward the grants or as:	sıstance <sup>?</sup>					▽ Yes ┌ N
2 Describe in Part IV the organization	atıon's procedures fo	r monitoring the use o	of grant funds in the Unite	ed States			
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	e recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 5						· · · · · <u></u>	6
3 Enter total number of other orga For Privacy Act and Paperwork Reduction				Cat No 50055P			9 le I (Form 990) 2010
. o. ivacy Act and Faperwork Reduction			•••	Cat NO JOUJJE		Scrieda	(101111 250) 2010

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	10	12,000		FMV	SCHOLARSHIP AMOUNTS PAID DIRECTLY TO UNIVERSITIES
(2) DEATH BENEFITS	83	52,040		FMV	CASH PAYMENTS TO MEMBER BENEFICIARIES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS AND INDIVIDUALS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE THE BOARD PERFORMS NO SUBSEQUENT MONITORING REGARDING THE USE OF DONATIONS AND GRANTS ALL RECORDS REGARDING DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE INTERNATIONAL'S OFFICE

Software ID:

**Software Version:** 

**EIN:** 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF

BOILERMAKERS IRON SHIP BUILDERS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL-CIO816 16TH STREET WASHINGTON, DC 20006	53-0228172	501(C)(5)	10,000				CHARITABLE CONTRIBUTION
AMERICAN FRIENDS OF YITZHAK866 2ND AVENUE 10TH FLOOR NEW YORK, NY 10017	13-3962392	501(C)(3)	25,000				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MAINTENANCE AGREEMENTS POLICY COMMITTEE1501 LEE HIGHWAY STE 202 ARLINGTON,VA 22209	52-1289622	501(C)(6)	5,000				CHARITABLE CONTRIBUTION
BENEFITS OF MACKENZIE NELSONPO BOX 362 ONIDA,SD 57564			5,000				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION SPORTSMEN ALLIANCE3340 PERIMETER HILL DRIVE NASHVILLE,TN 37211	27-2345009	501(C)(4)	91,000				CHARITABLE CONTRIBUTION
CA FOUNDATION ON ENVIRONMENT AND ECONOMYPIER 35 THE EMBARCADERO SAN FRANCISCO, CA 94133	94-2579986	501(C)(3)	5,000				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIKVA CHALLENGE GRANT FOUNDATION25 EAST WASHINGTON SUITE 8 CHICAGO,IL 60602	52-2033353	501(C)(3)	5,000				CHARITABLE CONTRIBUTION
NATIONAL BUILDING MUSEUM401 F STREET NW WASHINGTON, DC 20001	52-1050999	501(C)(3)	12,500				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MS SOCIETY 2125 W ROSCOE STREET CHICAGO,IL 60618	34-0801307	501(C)(3)	5,000				CHARITABLE CONTRIBUTION
UNIVERSITY OF ST MARY 4100 S 4TH STREET LEAVENWORTH,KS 66048	48-0547846	501(C)(3)	5,000				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSIFIED MEDIA520 UNIVERSITY AVENUE MADISON,WI 53703			5,000				CHARITABLE CONTRIBUTION
METAL TRADES DEPARTMENT815 16TH STREET WASHINGTON, DC 20006	53-0025758	501(C)(5)	56,700				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA STATE AFL-CIO 1891 WHITNEY MESA DRIVE HENDERSON,NV 89014	88-0038900	501(C)(5)	15,000				CHARITABLE CONTRIBUTION
SOUTHERN STATES APPRENTICESHIP1609 MILWOOD LANE SODDY DAISY,TN 37379	63-6049799	501(C)(5)	5,000				CHARITABLE CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKERS INDEPENDENT RADIO520 UNIVERSITY AVENUE MADISON, WI 53703			10,000				CHARITABLE CONTRIBUTION

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

vame or	the org	anızaı	ion	
NTERNAT:	ONAL BRO	THER	O DOOF	F
BOILERMAI	KERS IRO	N SHIP	BUILDE	F

**Employer identification number** 

48-6031851

**Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) NEWTON B JONES	(I) (II)	278,571 0	0 0	63,813 0	140,958 0	22,599 0	505,941 0	C
(2) WILLIAM CREEDEN	(I) (II)	250,242 0	0 0	10,113 0	130,201 0	27,227 0	417,783 0	(
(3) ED POWER	(I) (II)	259,868 0	0	2,000	151,601 0	15,682 0	429,151 0	(
(4) TOM BACA	(I) (II)	250,242 0	0	13,071 0	143,332 0	26,311 0	432,956 0	(
(5) JOSEPH MALONEY	(I) (II)	258,898 0	0	0	152,166 0	19,194 0	430,258	(
(6) LA WRENCE J MCMANAMON	(I) (II)	248,183 0	0	0	130,718 0	25,905 0	404,806	(
(7) SEAN P MURPHY	(I) (II)	250,242 0	0	4,570 0	142,619 0	14,598 0	412,029	(
(8) TRUMAN FAIRELY JR	(I) (II)	250,242 0	0	16,475 0	138,683 0	16,522 0	421,922 0	(
(9) JAMES PRESSLEY	(I) (II)	209,910	0	8,214 0	104,933 0	21,957 0	345,014 0	(
(10) STEPHEN SPEED	(I) (II)	186,885 0	0	0	86,302 0	10,177 0	283,364	(
(11) DO NALD CASWELL	(I) (II)	253,940 0	0	0	117,011 0	19,050 0	390,001 0	(
(12) KYLE EVENSON	(I) (II)	214,512 0	0	0	93,337	17,713 0	325,562 0	(
(13) JAMES TINNEY	(I) (II)	184,859 0	0	0	99,454 0	12,065	296,378 0	(
(14) BRIDGET POWEL MARTIN	(I) (II)	163,746 0	0	0	82,343 0		256,266 0	(
(15) SAM MAY	(I) (II)	123,196 0	0	255,500 0	132,365 0		535,175 0	(
( 16 )								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	FIRST-CLASS TRAVEL OR CHARTER TRAVEL DURING CALENDAR YEAR 2010, THE IBB ALLOWED FOR ALL MEMBERS OF THE INTERNATIONAL EXECUTIVE COUNCIL TO TRAVEL FIRST CLASS, ADDITIONALLY, THE INTERNATIONAL'S AIRPLANNE (WHICH IS CONSIDERED CHARTERED TRAVEL) WAS USED BY INTERNATIONAL PRESIDENT NEWTON JONES, INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN, INTERNATIONAL VICE PRESIDENTS TRUMAN WARREN FAIRLEY JR, TOM BACA, LAWRENCE MCMANAMON, SEAN MURPHY, AND JAMES PRESSLEY AS WELL AS THE EXECUTIVE DIRECTOR OF THE CONSTRUCTION DIVISION KYLE EVENSON AND DIRECTOR OF PUBLICATIONS DONALD CASWELL NEITHER THE FIRST-CLASS TRAVEL NOR THE CHARTER TRAVEL IS CONSIDERED TAXABLE COMPENSATION TO THOSE INDIVIDUALS LISTED TRAVEL FOR COMPANIONS DURING CALENDAR YEAR 2010, FAMILY MEMBERS OF INTERNATIONAL PRESIDENT NEWTON JONES RECEIVED CHARTER TRAVEL BY THE INTERNATIONAL THIS WAS CONSIDERED TAXABLE COMPENSATION TO THE INTERNATIONAL PRESIDENT TAX INDEMNIFICATION AND GROSS UP PAYMENTS DURING CALENDAR YEAR 2010, THE INTERNATIONAL INDEMNIFIED CERTAIN MEMBERS OF THE INTERNATIONAL EXECUTIVE COUNCIL FOR TAXES OWED ON THEIR PERSONAL USE OF THE INTERNATIONAL'S AUTOMOBILES THOSE INDEMNIFIED WERE INTERNATIONAL PRESIDENT NEWTON JONES, INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN, INTERNATIONAL VICE PRESIDENTS TOM BACA, LAWRENCE MCMANAMON, SEAN MURPHY, TRUMAN FAIRLEY JR, EXECUTIVE DIRECTOR OF CONSTRUCTION DIVISION KYLE EVENSON, AND STEPPHEN SPEED THESE INDEMNIFICATIONS WERE TREATED AS TAXABLE COMPENSATION FOR THOSE INDIVIDUALS LISTED HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE DURING 2010 THE INTERNATIONAL PAID FOR AN APARTMENT IN KANSAS CITY, MISSOURI FOR INTERNATIONAL VICE PRESIDENT JAMES PRESSLEY THE INTERNATIONAL DOES NOT CONSIDER THIS BENEFIT TO BE TAXABLE COMPENSATION TO THE INTERNATIONAL VICE PRESIDENT HEALTH OR SOCIAL CLUB FEES DOR INTERNATIONAL PAID FOR HEALTH CLUB MEMBERSHIP FEES FOR INTERNATIONAL VICE PRESIDENT HEALTH OR SOCIAL CLUB MEMBERSHIP FEES FOR INTERNATIONAL VICE PRESIDENT SEAN MURPHY THE MEMBERSHIP FEES FOR LAWRENCE MCMANAMON AND SO
	4B	ALL MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE AS WELL AS INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER THIS PLAN, AMOUNTS ARE ALLOCATED ANNUALLY TO INDIVIDUAL ACCOUNT BALANCES INTEREST IS ALSO CREDITED ANNUALLY UPON RETIREMENT THE PARTICIPANT IS PAID THE BALANCE OF THEIR INDIVIDUAL ACCOUNT, THIS IS PAID OUT OF THE INTERNATIONAL'S GENERAL ASSETS DURING THE YEAR, ALLOCATIONS INTO INDIVIDUAL ACCOUNT BALANCES TOTALED \$45,010 THERE WERE NO PAYMENTS DURING THE YEAR UNDER THE TERMS OF THIS PLAN

Schedule J (Form 990) 2010

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DLN: 93493136026382

Employer identification number

#### Schedule L

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Transactions with Interested Persons** 

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Additional Data Table					

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Idelitiilei	Ketuili Kereleike	Explanation

Schedule L (Form 990 or 990-EZ) 2010

Software ID:

**Software Version:** 

**EIN:** 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?
BROTHERHOOD BANK & TRUST	MAJORITY SHAREHOLDER, CUSTODIAL AND COMMERICAL BANK, LOAN SERVICER, TENANT	14,210,785	THE IBB OWNS A MAJORITY OF THE OUTSTANDING BANCSHARES ISSUED BY THE BROTHERHOOD BANK & TRUST (BBT), THE IBB HOLDS BANK ACCOUNTS AND CUSTODIAL INVESTMENT ACCOUNTS AT THE BBT, THE BBT IS ALSO A TENANT IN THE OFFICE BUILDING THAT IS OWNED AND OPERATED BY THE IBB AS WELL AS THE SERVING AGENT FOR COMERCIAL LOANS OWNED BY THE IBB DURING THE YEAR, THE IBB PURCHASED COMERCIAL LOANS AS AN INVESTMENT FROM THE BBT NUMEROUS MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE SIT ON THE BOARD OF DIRECTORS OF THE BBT, THESE INCLUDE NEWTON JONES, INTERNATIONAL PRESIDENT WHO IS ALSO CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BBT, TRUMAN WARREN FAIRLEY JR, INTERNATIONAL VICE PRESIDENT OF THE IBB WHO IS A DIRECTOR ON THE BOARD OF DIRECTORS OF THE BBT, JOSEPH STINGER, RETIRED INTERNATIONAL VICE PRESIDENT OF THE IBB WHO IS A DIRECTOR ON THE BOARD OF DIRECTORS OF	Yes No
BOILERMAKER NATIONAL FUNDS	TENANT	765,365	THE BOILERMAKERS NATIONAL FUNDS ARE TENANTS IN THE OFFICE BUILDING THAT IS OWNED AND OPERATED BY THE INTERNATIONAL THESE FUNDS PAY RENT TO THE INTERNATIONAL NUMEROUS MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE SIT ON THE BOARD OF TRUSTEES OF THE BOILERMAKERS NATIONAL FUNDS AS UNION TRUSTEES THESE INCLUDE INTERNATIONAL VICE PRESIDENTS TOM BACA, TRUMAN WARREN FAIRLEY JR, LAWRENCE MCMANAMON AND SEAN MURPHY	No
JOSEPH STINGER	CONSULTANT	47,369	JOSEPH STINGER IS A RETIRED INTERNATIONAL VICE PRESIDENT WHO PERFORMS CONSULTING SERVICES FOR THE INTERNATIONAL ON AN AD HOC BASIS THE INTERNATIONAL PAYS JOE STINGER FOR HIS WORK ON VARIOUS CONSULTING PROJECTS AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF	No
CHARLES A JONES	EMPLOYEE	150,091	CHARLES A JONES IS THE DIRECTOR OF ARCHIVE PRESERVATION AT THE INTERNATIONAL, THE IBB PAYS CHARLES A JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF CHARLES A JONES A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES	No
DONNA JONES	EMPLOYEE	98,802	DONNA JONES IS THE EXECUTIVE SECRETARY AT THE INTERNATIONAL, THE IBB PAYS DONNA JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF DONNA JONES IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES	No
CULLEN JONES	EMPLOYEE	68,482	CULLEN JONES IS THE IT VIDEO COMMUNICATION TECHNICIAN FOR THE INTERNATIONAL THE IBB PAYS CULLEN JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF CULLEN JONES IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES	No
LENA RUSSELL	EMPLOYEE	35,094	LENA RUSSELL IS MEMBERSHIP EXAMINER FOR THE INTERNATIONAL THE IBB PAYS LENA RUSSELL A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF LENA RUSSELL IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES	No
MIKE PETERSON	EMPLOYEE	127,252	MIKE PETERSON IS AN ASSISTANT TO THE INTERNATIONAL PRESIDENT THE IBB PAYS MIKE PETERSON A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF MIKE PETERSON A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES	No
HEATHER BACA	EMPLOYEE	55,939	HEATHER BACA IS A SECRETARY FOR THE INTERNATIONAL THE IBB PAYS HEATHER BACA A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF HEATHER BACA IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT TOM BACA	No
RYAN CREEDEN	EMPLOYEE	155,487	RYAN CREEDEN IS THE DIRECTOR OF I T FOR THE INTERNATIONAL THE IBB PAYS RYAN CREEDEN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF RYAN CREEDEN IS A FAMILY MEMBER OF INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN	No
KYLE CREEDEN	EMPLOYEE	142,767	KYLE CREEDEN IS THE ASSISTANT DIRECTOR OF HISTORICAL PRESERVATION FOR THE INTERNATIONAL THE IBB PAYS KYLE CREEDEN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF KYLE CREEDEN IS A FAMILY MEMBER OF INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN	No
MARK GARRETT	EMPLOYEE	105,234	MARK GARRETT IS THE DIRECTOR OF HEALTH AND SAFETY SERVICES FOR THE INTERNATIONAL THE IBB PAYS MARK GARRETT A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF MARK GARRETT IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT TRUMAN WARREN FAIRLEY JR	No

## Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	organi	arıng of zatıon's nues?
				Yes	No
REBECCA MURPHY	EMPLOYEE	18,126	REBECCA MURPHY IS A PART TIME EMPLOYEE FOR THE INTERNATIONAL THE IBB PAYS REBECCA MURPHY HOURLY REBECCA MURPHY IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT SEAN MURPHY		No
NICOLE STINGER	EMPLOYEE	61,738	NICOLE STINGER IS A COMMUNICATIONS ASSISTANT FOR THE INTERNATIONAL THE IBB PAYS NICOLE STINGER A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF NICOLE STINGER IS A FAMILY MEMBER OF RETIRED INTERNATIONAL VICE PRESIDENT JOSEPH STINGER		No
AMANDA STINGER	EMPLOYEE	76,591	AMANDA STINGER IS AN INT'L REP - INDUSTRIAL SECTOR OPERATIONS FOR THE INTERNATIONAL THE IBB PAYS AMANDA STINGER A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF AMANDA STINGER IS A FAMILY MEMBER OF RETIRED INTERNATIONAL VICE PRESIDENT JOSEPH STINGER		No
BRIAN CREEDEN	EMPLOYEE	70,036	BRIAN CREEDEN IS AN ENGINEER FOR THE INTERNATIONAL THE IBB PAYS BRIAN CREEDEN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF BRIAN CREEDEN IS A FAMILY MEMBER OF INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN		No
RYANNE GOODWIN	EMPLOYEE	42,760	RYANNE GOODWIN IS A SECRETARY FOR THE INTERNATIONAL THE IBB PAYS RYANNE GOODWIN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF RYANNE GOODWIN IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT JAMES PRESSLEY		No

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DLN: 93493136026382

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS 48-6031851

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		INTERNATIONAL VICE PRESIDENT JOSEPH MALONEY IS MARRIED TO THE SISTER OF INTERNATIONAL VICE PRESIDENT ED POWERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE INTERNATIONAL'S GENERAL MEMBERSHIP IS COMPRISED OF INDIVIDUALS WHO ARE MEMBERS IN GOOD STANDING AT VARIOUS LOCAL LODGES AFFILIATED WITH THE INTERNATIONAL THE GENERAL MEMBERSHIP ELECTS DELEGATES TO ATTEND THE INTERNATIONAL CONVENTION WHICH IS CONVENED AS REQUIRED BY THE INTERNATIONAL'S GOVERNING DOCUMENTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE INTERNATIONAL EXECUTIVE COMMITTEE IS ELECTED EVERY 5 YEARS AT THE CONVENTION BY DELEGATES WHO ARE ELECTED BY THE GENERAL MEMBERSHIP

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		CERTAIN EXECUTIVE COMMITTEE DECISIONS ARE SUBJECT TO APPROVAL BY THE ELECTED DELEGATES AT THE CONVENTION WHICH IS CONVENED EVERY FIVE YEARS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE INTERNATIONAL SECRETARY TREASURER PROVIDES THE FORM TO THE INTERNATIONAL EXECUTIVE COUNCIL FOR THEIR CAREFUL REVIEW AND APPROVAL ONCE APPROVED, THE FORM IS SIGNED AND SUBMITTED

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	ANNUALLY ALL OFFICERS AND EMPLOYEES OF THE INTERNATIONAL ARE REQUIRED TO DISCLOSE ALL REAL AND APPARENT CONFLICTS OF INTEREST THAT THEY DISCOVER OR THAT HAVE BEEN BROUGHT TO THEIR ATTENTION IN CONNECTION WITH THE INTERNATIONAL BROTHERHOOD'S ACTIVITIES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE SALARY OF THE INTERNATIONAL PRESIDENT IS DETERMINED AND VOTED UPON AT THE INTERNATIONAL CONVENTION BY DELEGATES FROM EACH LOCAL LODGE EVERY FIVE YEARS THE SALARIES OF THE INTERNATIONAL SECRETARY TREASURER AND INTERNATIONAL VICE PRESIDENTS ARE A PERCENTAGE OF THE INTERNATIONAL PRESIDENT'S ANNUAL SALARY, THESE PERCENTAGES ARE SET FORTH IN THE INTERNATIONAL'S CONSTITUTION WHICH HAS ALSO BEEN FORMALLY APPROVED BY THE DELEGATES AT THE CONVENTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE OF THE INTERNATIONAL BROTHERHOOD

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	LOSS ON DISPOSAL OF FIXED ASSETS -96,754 LOSS ON CANADIAN CONVERSION -85,737 TOTAL TO FORM 990, PART XI, LINE 5 -182,491

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART II, COLUMN B	THE PRIMARY ACTIVITY OF THE INT'L BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND IS TO PROVIDE FINANCIAL CONTRIBUTIONS TO FEDERAL CANDIDATES OF POLITICAL OFFICE

Identific	er Return Reference	Explanation
	'	THE PRIMARY ACTIVITY OF THE INT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE EDUCATION FUND IS TO EDUCATE MEMBERS ON CURRENT LEGISLATIVE TOPICS AND TO MAKE CONTRIBUTIONS TO STATE AND LOCAL CANDIDATES FOR POLITICAL OFFICE

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136026382

2010

Open to Public Inspection

(g)

Name of the organization INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS Employer identification number

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

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) BOILERMAKERS INTERNATIONAL CAJUN REALTY CORPORATION 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101 43-1806811	TO HOLD TITLE OF PROPERTY IN LOUISIANA	KS	0	136,085	N/A
(2) INTERNATIONAL BROTHERHOOD BUILDING CORPORATION 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101 48-6031851	TO HOLD TITLE OF PROPERTY IN CANADA	KS	0	657,878	N/A
(3) INTERNATIONAL REAL ESTATE HOLDING COMPANY LLC 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101	TO HOLD TITLE OF INVESTMENTS AND COLLECT INCOME FROM THOSE INVESTMENTS	KS	372,170	14,148,380	N/A

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 conti organ	olled
						Yes	No
(1) INT'L BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND							
753 STATE AVENUE	SEE SCHEDULE O	KS	527	N/A	N/A		No
KANSAS CITY, KS 66101 _73-1642980							
(2) INT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE EDUCATION FUND							
753 STATE AVENUE	SEE SCHEDULE O	KS	527	N/A	N/A		No
KANSAS CITY, KS 66101 _73-1642974							
(3) INT'L BROTHERHOOD OF BOILERMAKERS ARCHIVES	TO DEVELOP A						
753 STATE AVENUE	CENTRALIZED, DOCUMENTED AND	ĸs	501C3	PUBLICLY SUPPORTED	N/A		No
KANSAS CITY, KS 66101 _48-1140537	PUBLICLY AVAILABLE HISTORY OF IBB						
					01.11.2/5		

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the t	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34																														
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> Share of total income		<b>(f)</b> Share of total income		(f) Share of total income		(f) re of total income				Share of end-of-year		Share of end-of-year		Share of end-of-year		re of end-of-year		hare of end-of-year		Share of end-of-year		i) ortionate tions?	rtionate Code V-		<b>(j</b> Genei mana parti	ral or aging	<b>(k)</b> Percentage ownership												
									Yes	No			Yes	No																															
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,																														
Name, address, an	<b>(a)</b> d EIN of related organız	ration	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d</b> Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership																														

(4)

(5)

(6)

	,						<del>-</del> -			
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "	Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No			
1 [	uring the tax year, did the orgranization engage in any of the following transactions with one or more related or	ganızatıons lısted ın Part	s II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to other organization(s)				1b	Yes				
c	c Gift, grant, or capital contribution from other organization(s)									
d	Loans or loan guarantees to or for other organization(s)				1d		No			
е	Loans or loan guarantees by other organization(s)				1e		No			
f	Sale of assets to other organization(s)				1f		No			
g	Purchase of assets from other organization(s)				1g		No			
h	Exchange of assets				1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)				<b>1</b> i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		No			
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)										
1	Performance of services or membership or fundraising solicitations by other organization(s)				11		No			
n	Sharing of facilities, equipment, mailing lists, or other assets				1m	Yes				
n	Sharing of paid employees				1n	Yes				
o	Reimbursement paid to other organization for expenses				10		No			
р	Reimbursement paid by other organization for expenses				1р	Yes				
q	O ther transfer of cash or property to other organization(s)				1q	Yes				
r	O ther transfer of cash or property from other organization(s)				1r		No			
				•	•					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	ionships and transact	on thresholds						
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of dete	d) rmin olved		ount			
( <b>1)</b> I	NT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE EDUCATION FUND	В	56,800	FMV						
2)				1						
-										
3)										

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				$\vdash$		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010