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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

620 F STREET NW

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20004

F Name and address of principal officer

HENRY KRAMER

620 F STREET NW

WASHINGTON,DC 20004

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0133

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 5 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.BACWEB.ORG

K Form of organization

☐ Corporation ☐ Trust ☒ Association ☐ Other

L Year of formation

1865

M State of legal domicile

DC

Part I

Summary

Activities & Governance	<div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS</div>		
	<div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>		
	<div>3</div> <div>Number of voting members of the governing body (Part VI, line 1a)</div>	<div>3</div>	5
	<div>4</div> <div>Number of independent voting members of the governing body (Part VI, line 1b)</div>	<div>4</div>	0
	<div>5</div> <div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div>	<div>5</div>	223
	<div>6</div> <div>Total number of volunteers (estimate if necessary)</div>	<div>6</div>	0
	<div>7a</div> <div>Total unrelated business revenue from Part VIII, column (C), line 12</div>	<div>7a</div>	0
Revenue	<div>b</div> <div>Net unrelated business taxable income from Form 990-T, line 34</div>	<div>7b</div>	315,190
	<div>8</div> <div>Contributions and grants (Part VIII, line 1h)</div>	<div>Prior Year</div>	<div>Current Year</div>
	<div>9</div> <div>Program service revenue (Part VIII, line 2g)</div>	0	0
	<div>10</div> <div>Investment income (Part VIII, column (A), lines 3, 4, and 7d )</div>	29,424,999	28,285,950
	<div>11</div> <div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div>	426,704	316,179
	<div>12</div> <div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>	7,993,839	6,396,904
		37,845,542	34,999,033
Expenses	<div>13</div> <div>Grants and similar amounts paid (Part IX, column (A), lines 1–3 )</div>	1,920,986	2,114,529
	<div>14</div> <div>Benefits paid to or for members (Part IX, column (A), line 4)</div>	2,378,784	2,278,225
	<div>15</div> <div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div>	24,305,251	19,549,226
	<div>16a</div> <div>Professional fundraising fees (Part IX, column (A), line 11e)</div>	0	0
	<div>b</div> <div>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</div>		
	<div>17</div> <div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div>	14,355,160	8,900,485
	<div>18</div> <div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div>	42,960,181	32,842,465
Net Assets or Fund Balances	<div>19</div> <div>Revenue less expenses Subtract line 18 from line 12</div>	-5,114,639	2,156,568
		<div>Beginning of Current Year</div>	<div>End of Year</div>
	<div>20</div> <div>Total assets (Part X, line 16)</div>	96,306,179	97,496,648
	<div>21</div> <div>Total liabilities (Part X, line 26)</div>	49,519,022	49,637,019
	<div>22</div> <div>Net assets or fund balances Subtract line 21 from line 20</div>	46,787,157	47,859,629

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2012-05-11

Date

JAMES BOLAND PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

JOANN WOODSON

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01293745

Firm's name (or yours if self-employed), address, and ZIP + 4

CALIBRE CPA GROUP PLLC

1850 K STREET NW

WASHINGTON, DC 20006

EIN

47-0900880

Phone no

(202) 331-9880

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

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

TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? . . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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? If "Yes," complete Schedule C, Part II . . . . .	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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? If "Yes," complete Schedule D, Part II	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? 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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	No
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e	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	No
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	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . .	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .	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, Part II and IV . . . .	15	No
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, Part III and IV . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20a	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> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	1a	40	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	223	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <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	
b	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 or securities account)? . . . . .	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>CA</u> 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? . . .	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
c	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	Yes	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	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	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the aggregate amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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 ▶ HENRY KRAMER 620 F STREET NW WASHINGTON, DC 20004 (202) 783-3788

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BOLAND PRESIDENT	40 00	X		X				314,761	0	158,020
(2) KEN LAMBERT EXECUTIVE VICE PRESIDENT	40 00	X		X				255,737	0	144,104
(3) HENRY KRAMER SECRETARY/TREASURER	40 00	X		X				284,491	0	151,061
(4) GERARD SCARANO EXECUTIVE VICE PRESIDENT	40 00	X		X				258,194	0	144,104
(5) TIMOTHY DRISCOLL EXECUTIVE VICE PRESIDENT	40 00	X		X				253,218	0	144,104
(6) BRIDGET O'CONNOR GEN COUNSEL	40 00				X			196,824	0	97,012
(7) CONNSTANCE LAMBERT IU REG REP	40 00				X			151,706	0	74,448
(8) JENNIFER PENOSO DIRECTOR, FIN MGT	40 00				X			181,127	0	89,264
(9) DAVID SHEPPERD REG DIRECTOR - WEST	40 00					X		137,510	0	67,763
(10) STEVEN BAILEY REG DIRECTOR - NORTH CENTRAL	40 00					X		139,202	0	67,763
(11) ALBERT CATALANO REG DIRECTOR - NORTHEAST	40 00					X		140,564	0	67,763
(12) LUCIUS LAMAR DIRECTOR, ITU	40 00					X		140,292	0	69,300
(13) MICHAEL DIVIRGILIO DIRECTOR - COLLECTIVE BARGAINING	40 00					X		137,276	0	67,763





Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	28,285,950	28,285,950		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		28,285,950			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		316,298			316,298
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .		223,713			223,713
	6a	(i) Real					
		(ii) Personal					
		6,840,873					
		6,820,449					
	b	Less rental expenses					
	c	Rental income or (loss)	20,424				
	d	Net rental income or (loss) . . . . .		20,424			20,424
	7a	(i) Securities					
		(ii) Other					
		3,245					
		3,364					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	-119				
	d	Net gain or (loss) . . . . .		-119			-119
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . .					
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .		17,333	17,333			
Miscellaneous Revenue		Business Code					
11a	REIMB FROM REL PARTIE	900099	6,053,529	6,053,529			
b	TROWEL TRADES TRANSFER	900099	88,445	88,445			
c	CURRENCY TRANSLATION	900099	-6,540	-6,540			
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		6,135,434				
12	Total revenue. See Instructions . . . . .		34,999,033	34,438,717	0	560,316	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,114,529			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	2,278,225			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,898,175			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	9,972,692			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,205,507			
9	Other employee benefits . . . . .	2,631,533			
10	Payroll taxes . . . . .	841,319			
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	140,347			
c	Accounting . . . . .	140,500			
d	Lobbying . . . . .	9,000			
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	835,108			
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	1,229,970			
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	1,960,353			
17	Travel . . . . .	1,343,361			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .	1,651,267			
22	Depreciation, depletion, and amortization . . . . .	397,933			
23	Insurance . . . . .	203,222			
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 )				
a	REAL ESTATE AND PERSONA	505,924			
b	TEMPORARY HELP & REIMBU	47,647			
c					
d					
e					
f	All other expenses	435,853			
25	Total functional expenses. Add lines 1 through 24f	32,842,465			
26	Joint costs. Check here <input type="checkbox"/> 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
Assets	1	Cash—non-interest-bearing . . . . .			3,817,324	1	3,229,570
	2	Savings and temporary cash investments . . . . .			11,855,180	2	15,887,756
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			5,061,966	4	4,539,132
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			70,638	7	67,650
	8	Inventories for sale or use . . . . .			436,542	8	300,532
	9	Prepaid expenses and deferred charges . . . . .			479,959	9	357,675
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	74,923,800			
	b	Less: accumulated depreciation . . . . .	10b	14,199,941	62,556,366	10c	60,723,859
	11	Investments—publicly traded securities . . . . .			11,954,485	11	12,320,755
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			73,719	15	69,719
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			96,306,179	16	97,496,648
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,100,560	17	2,956,593
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			334,095	19	331,970
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			40,004,143	23	39,071,166
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			6,080,224	25	7,277,290
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			49,519,022	26	49,637,019
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			46,787,157	27	47,859,629
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			46,787,157	33	47,859,629
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			96,306,179	34	97,496,648

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,999,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,842,465
3	Revenue less expenses Subtract line 2 from line 1	3	2,156,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,787,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,084,096
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	47,859,629

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered “Yes,” 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, line 35c (Proxy Tax), then

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

Name of the organization INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	Employer identification number  53-0038250
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? 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	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

Employer identification number  
  
53-0038250

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
1b	Contributions . . . . .				
1c	Investment earnings or losses . . . . .				
1d	Grants or scholarships . . . . .				
1e	Other expenditures for facilities and programs . . . . .				
1f	Administrative expenses . . . . .				
1g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

3a

(i) unrelated organizations . . . . .

3a

(ii) related organizations . . . . .

3b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		14,508,883		14,508,883
1b Buildings . . . . .		43,390,699	5,267,465	38,123,234
1c Leasehold improvements . . . . .		9,288,903	2,162,508	7,126,395
1d Equipment . . . . .		2,795,696	1,874,490	921,206
1e Other . . . . .		4,939,619	4,895,478	44,141
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				60,723,859

Schedule D (Form 990) 2011



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	134,999,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	232,842,465
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,156,568
4	Net unrealized gains (losses) on investments	4-1,129,094
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	844,998
9	Total adjustments (net) Add lines 4 - 8	9-1,084,096
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,072,472

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	133,129,932
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-1,129,094	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d6,869,725	
e	Add lines 2a through 2d . . . . .	2e5,740,631
3	Subtract line 2e from line 1 . . . . .	327,389,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b7,609,732	
c	Add lines 4a and 4b . . . . .	4c7,609,732
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	534,999,033

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	132,055,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d6,822,449	
e	Add lines 2a through 2d . . . . .	2e6,822,449
3	Subtract line 2e from line 1 . . . . .	325,232,733
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b7,609,732	
c	Add lines 4a and 4b . . . . .	4c7,609,732
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	532,842,465

Part XIV Supplemental Information

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 X, 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
PART XI, LINE 8 - OTHER ADJUSTMENTS		ADJUSTMENT TO NET ASSETS 44,998
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 6,820,449 INCOME FROM CONSOLIDATED ENTITIES 49,276
PART XII, LINE 4B - OTHER ADJUSTMENTS		ALLOCATIONS TO RELATED PARTIES 6,053,529 SALES PROGRAM 17,333 INTERCOMPANY ELIMINATION 1,538,870
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 6,820,449 EXPENSES FROM CONSOLIDATED ENTITIES 2,000
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ALLOCATIONS TO RELATED PARTIES 6,053,529 SALES PROGRAM 17,333 INTERCOMPANY ELIMINATION 1,538,870

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0038250  
**Name:** INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

OMB No 1545-0047

**Open to Public Inspection**

53-0038250

**3** Activites per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

**1**

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

[illegible]



**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)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

## Supplemental Information

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

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

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

2011

Open to Public  
Inspection

Employer identification number

53-0038250

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III

Grants and Other Assistance to 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	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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
------------	------------------	-------------

Software ID:

Software Version:

EIN: 53-0038250

Name: INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACE MENTOR PROGRAM OF AMERICA400 MAIN STREET SUITE 711 STAMFORD,CT 06901	51-0465877		10,000				ANNUAL COMMITMENT
ADC OF EASTERN MISSOURI 2000 MARKET STREET SAINT LOUIS,MO 63103			36,000				ORGANIZING ASSISTANCE
AMERICAN RIGHTS AT WORK 1616 P STREET NW WASHINGTON,DC 20036			25,000				PLATINUM SPONSOR
AMERICA'S AGENDA HEALTH CARE EDUC FUND1025 CONNECTICUT AVE NW WASHINGTON,DC 20036	20-0685396		12,500				HEALTH CARE FOR ALL
BAC ADC OF IL660 N INDUSTRIAL DRIVE ELMHURST,IL 60126			14,226				ORGANIZING ASSISTANCE
BAC DISASTER RELIEF FUND 620 F STREET NW WASHINGTON,DC 20004	20-3437085		20,000				DISASTER RELIEF FUND DONATION
BAC LOCAL 05 OKLAHOMAAR KANSAS TEXAS 212 NE 27TH STREET OKLAHOMA CITY,OK 73105			156,000				ORGANIZING ASSISTANCE
BAC LOCAL 06 LAMSAL1108 SPRINGHILL AVENUE MOBILE,AL 36604			144,000				ORGANIZING ASSISTANCE
UNION STIMULUS PROGRAM 1401 HAMPTON AVENUE SAINT LOUIS,MO 63139			8,000				UNION RESIDENTIAL STIMULUS PROGRAM
COUNCIL FOR PROMOTING AMERICAN BUSINESS400 SOUTH MAIN INDEPENDENCE,MO 64050	37-1474361		5,000				CONTRIBUTIONFOR PREVAILING WAGE STUDY
FOUR CORNERS ADC5201 E 38TH AVE DENVER,CO 80207			84,000				ORGANIZING ASSISTANCE
GEORGIA STAND-UP501 PULLIAM STREET SW SUITE 500 ATLANTA,GA 30312			5,000				ORGANIZING ASSISTANCE
INTERNATIONAL MASONRY INSTITUTE620 F STREET NW WASHINGTON,DC 20004	52-0907999		500,000				GRANT - APPRENTICESHIP & TRAINING
IRISH AMERICAN DEMOCRAT3744 OLIVER STREET NW WASHINGTON,DC 20015			5,000				IRISH AMER PEACE AWARD
NATIONAL BUILDING MUSEUM401 F STREET NW WASHINGTON,DC 20001			25,000				HONOR AWARD GALA
NATIONAL DEMOCRATIC INSTITUTE455 MASSACHUSETTS AVE NW WASHINGTON,DC 20036			5,000				DONATION FOR NOVEMBER AWARDS DINNER
NATIONAL LABOR COLLEGE GEORGE MEANY CAMPUS SILVER SPRING,MD 20903			10,000				NLC SPONSOR- "A TIME TO BUILD" GALA
NATIONAL MERIT SCHOLARSHIP CORPORATION1560 SHERMAN AVE SUITE 200 EVANSTON,IL 602014897			29,150				HARRY BATES MERIT SCHOLARSHIP
SHAKESPEARE THEATRE516 8TH STREET SE WASHINGTON,DC 200032834			5,000				SPONSOR-USO WOUNDED WARRIOR INITIATIVE
TCAA10434 INDIANA AVE KANSAS CITY,MO 641371532			5,000				TCAA CONVENTION BANQUET SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CAMPAIGN FOR AMERICA'S FUTURE 1825 K STREET NW WASHINGTON, DC 20006			5,000				2011 AWARDS GALA DINNER
UNITED WAY OF THE NATIONAL CAPITAL AREA 8391 OLD COURT HOUSE RD VIENNA, VA 22182			5,000				CHARITABLE CONTRIBUTION
WORKING AMERICA AFL-CIO 815 SIXTEENTH STREET NW WASHINGTON, DC 20006			5,000				SPONSOR-MCENTEE CELEBRATION

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

Employer identification number  
  
53-0038250

Part I

Questions Regarding Compensation

		Yes	No
1a	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. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	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?	2	Yes
3	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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	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:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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:		
a	The organization?	5a	
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	
6	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:		
a	The organization?	6a	
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	
7	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	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES BOLAND	(i)	299,425	0	15,336	77,175	80,845	472,781	0
	(ii)	0	0	0	0	0	0	0
(2) KEN LAMBERT	(i)	247,884	0	7,853	77,175	66,929	399,841	0
	(ii)	0	0	0	0	0	0	0
(3) HENRY KRAMER	(i)	273,653	0	10,838	77,175	73,886	435,552	0
	(ii)	0	0	0	0	0	0	0
(4) GERARD SCARANO	(i)	247,884	0	10,310	77,175	66,929	402,298	0
	(ii)	0	0	0	0	0	0	0
(5) TIMOTHY DRISCOLL	(i)	247,884	0	5,334	77,175	66,929	397,322	0
	(ii)	0	0	0	0	0	0	0
(6) BRIDGET O'CONNOR	(i)	195,985	0	839	61,735	35,277	293,836	0
	(ii)	0	0	0	0	0	0	0
(7) CONNSTANCE LAMBERT	(i)	150,400	0	1,306	47,376	27,072	226,154	0
	(ii)	0	0	0	0	0	0	0
(8) JENNIFER PENOSO	(i)	180,330	0	797	56,805	32,459	270,391	0
	(ii)	0	0	0	0	0	0	0
(9) DAVID SHEPPERD	(i)	136,896	0	614	43,122	24,641	205,273	0
	(ii)	0	0	0	0	0	0	0
(10) STEVEN BAILEY	(i)	136,896	0	2,306	43,122	24,641	206,965	0
	(ii)	0	0	0	0	0	0	0
(11) ALBERT CATALANO	(i)	136,896	0	3,668	43,122	24,641	208,327	0
	(ii)	0	0	0	0	0	0	0
(12) LUCIUS LAMAR	(i)	140,000	0	292	44,100	25,200	209,592	0
	(ii)	0	0	0	0	0	0	0
(13) MICHAEL DIVIRGILIO	(i)	136,896	0	380	43,122	24,641	205,039	0
	(ii)	0	0	0	0	0	0	0



**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
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Employer identification number

53-0038250

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	INTERNATIONAL UNION OFFICERS ARE ELECTED BY DELEGATES TO CONVENTIONS HELD EVERY FIVE YEARS THE DELEGATES THEMSELVES ARE ELECTED BY SECRET BALLOT VOTE OF MEMBERS THERE ARE CATEGORIES OF MEMBERSHIP RELATED TO THE LEVEL OF ACTIVE WORK AT THE TRADE THOSE MEMBERSHIP CATEGORIES ARE GENERALLY NOT RELEVANT TO VOTING RIGHTS, EXCEPT THAT APPRENTICE MEMBERS MAY VOTE ONLY IF THEIR LOCAL UNION CONSTITUTION SO PROVIDES THERE ARE NO CLASSES OF MEMBERSHIP, PER SE
	FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN ACTIONS OF THE IU EXECUTIVE BOARD ARE SUBJECT TO REVIEW BY THE IU CONVENTION, WHICH IS HELD EVERY FIVE YEARS THE CONVENTION IS COMPRISED OF DELEGATES ELECTED BY SECRET BALLOT VOTE OF THE MEMBERS OF LOCAL UNIONS AND OTHER AFFILIATES THE NUMBER OF DELEGATES TO WHICH AN AFFILIATE IS ENTITLED DEPENDS ON THE MEMBERSHIP STRENGTH OF THE AFFILIATE APPOINTMENTS BY THE IU EXECUTIVE BOARD OF AT-LARGE EXECUTIVE COUNCIL MEMBERS REQUIRE APPROVAL OF THE CONVENTION APPEALS FROM INTERNAL UNION DISCIPLINARY TRIALS AND CHANGES TO THE INTERNATIONAL UNION BY-LAWS (CODES) ARE SUBJECT TO REVERSAL BY THE CONVENTION, BUT DO NOT REQUIRE AFFIRMATIVE APPROVAL VOTING RIGHTS OF DELEGATES ARE GENERALLY ONE DELEGATE, ONE VOTE, UNLESS A VOTE BY LOCAL UNIONS IS CALLED FOR A PARTICULAR MATTER BY THE CONVENTION CHAIR OR 30% OF THE DELEGATES IN A VOTE BY LOCAL UNIONS, THE VOTING IS BY MEMBERSHIP STRENGTH OF THE LOCAL UNION DIVIDED EQUALLY AMONG THE DELEGATES FROM THAT LOCAL UNION PRESENT FOR THE VOTE
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF THE ORGANIZATION'S FINANCIAL, LEGAL AND OPERATIONS PROFESSIONALS THE DRAFT IS PRESENTED TO AND REVIEWED BY THE ORGANIZATION'S BUDGET COMMITTEE OF THE EXECUTIVE BOARD THE FORM IS THEN FINALIZED AND SUBMITTED
	FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO INTERNAL CONTROL, THE OFFICER AND EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO FILE US DEPARTMENT OF LABOR FORM LM-30 DISCLOSING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF OFFICERS ARE SET BY DEMOCRATICALLY ELECTED DELEGATES TO THE ORGANIZATION'S CONVENTIONS, WHICH IS HELD EVERY 5 YEARS SALARIES OF KEY EMPLOYEES ARE SET BY A BUDGET COMMITTEE MADE UP OF OFFICERS AND KEY FINANCIAL STAFF
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST AS REQUIRED BY LAW
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,129,094 ADJUSTMENT TO NET ASSETS 44,998 TOTAL TO FORM 990, PART XI, LINE 5 -1,084,096
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
	FORM 990, PART I, LINE 1 & PART III, LINE 1	TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS

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

2011

Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

Employer identification number  
53-0038250

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BAC F STREET LLC 620 F STREET NW WASHINGTON, DC 20004 20-2258978	HOLDS TITLE TO RENTAL PROPERTY	DC	6,843,715	63,292,256	N/A
(2) BAC BOWIE LLC 620 F STREET NW WASHINGTON, DC 20004 20-2587139	HOLDS TITLE TO PROPERTY IN MARYLAND	DC	0	1,998,507	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TROWEL TRADES INDUSTRY INSURANCE COMPANY PO BOX 1687 BURLINGTON, VT 05402 26-1198625	INSURING WORKERS COMPENSATION FOR UNION SIGNATORY CONTRATORS	VT	N/A	C			100 000 %

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III or IV		<b>Yes</b>	<b>No</b>
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b>	Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity	<b>1a</b>	<b>No</b>
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	<b>No</b>
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	<b>No</b>
<b>d</b>	Loans or loan guarantees to or for related organization(s)	<b>1d</b>	<b>No</b>
<b>e</b>	Loans or loan guarantees by related organization(s)	<b>1e</b>	<b>No</b>
<b>f</b>	Sale of assets to related organization(s)	<b>1f</b>	<b>No</b>
<b>g</b>	Purchase of assets from related organization(s)	<b>1g</b>	<b>No</b>
<b>h</b>	Exchange of assets with related organization(s)	<b>1h</b>	<b>No</b>
<b>i</b>	Lease of facilities, equipment, or other assets to related organization(s)	<b>1i</b>	<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets from related organization(s)	<b>1j</b>	<b>No</b>
<b>k</b>	Performance of services or membership or fundraising solicitations for related organization(s)	<b>1k</b>	<b>No</b>
<b>l</b>	Performance of services or membership or fundraising solicitations by related organization(s)	<b>1l</b>	<b>No</b>
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1m</b>	<b>No</b>
<b>n</b>	Sharing of paid employees with related organization(s)	<b>1n</b>	<b>No</b>
<b>o</b>	Reimbursement paid to related organization(s) for expenses	<b>1o</b>	<b>No</b>
<b>p</b>	Reimbursement paid by related organization(s) for expenses	<b>1p</b>	<b>Yes</b>
<b>q</b>	Other transfer of cash or property to related organization(s)	<b>1q</b>	<b>No</b>
<b>r</b>	Other transfer of cash or property from related organization(s)	<b>1r</b>	<b>No</b>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	P	2,152,764	COST ALLOCATED BASED ON TIMESHEET
(2) LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	P	94,206	COST ALLOCATED BASED ON TIMESHEET
(3) SALARIED EMPLOYEES PENSION FUND	P	126,941	COST ALLOCATED BASED ON TIMESHEET
(4) INTERNATIONAL MASONRY INSTITUTE	P	2,168,030	COST ALLOCATED BASED ON TIMESHEET
(5) BRICKLAYERS INTERNATIONAL HEALTH FUND	P	609,970	COST ALLOCATED BASED ON TIMESHEET
(6) BAC FLEXIBLE BENEFITS PLAN	P	6,271	COST ALLOCATED BASED ON TIMESHEET

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.

[illegible]

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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Software ID:

Software Version:

EIN: 53-0038250

Name: INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
BAC DISASTER RELIEF FUND INC  620 F STREET NW WASHINGTON, DC 20004 20-3437085	TO PROVIDE ASSISTANCE TO MEMBERS AND FAMILIES WHO ARE VICTIMS OF DISASTERS	DC	SECTION 501(C)(3)	509(A)(1)	N/A		No
SALARIED EMPLOYEES PENSION FUND  620 F STREET NW WASHINGTON, DC 20004 52-6034193	PENSION FUND	DC	SECTION 501(A)		N/A		No
LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND  620 F STREET NW WASHINGTON, DC 20004 52-6101417	PENSION FUND	DC	SECTION 501(A)		N/A		No
BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND  620 F STREET NW WASHINGTON, DC 20004 52-6127746	PENSION FUND	DC	SECTION 501(A)		N/A		No
BRICKLAYERS INTERNATIONAL HEALTH FUND  620 F STREET NW WASHINGTON, DC 20004 52-6397805	HEALTH AND WELFARE FUND	DC	SECTION 501(C)(9)		N/A		No
BAC FLEXIBLE BENEFITS PLAN  620 F STREET NW WASHINGTON, DC 20004 52-2107019	EMPLOYEE BENEFITS FUND	DC	SECTION 501(C)(9)		N/A		No
BAC STAFF 401(K) PLAN  620 F STREET NW WASHINGTON, DC 20004 53-0038250	PENSION FUND	DC	501(A)		N/A		No
INTERNATIONAL MASONRY INSTITUTE  42 EAST STREET ANNAPOLIS, MD 21401 52-0907999	LABOR/ MANAGEMENT TRUST FUND	DC	501(C)(6)		N/A		No
INTERNATIONAL MASONRY FOUNDATION  42 EAST STREET ANNAPOLIS, MD 21401 52-1826985	ESTABLISH LIBRARY DEDICATED TO THE MASONRY FIELD	DC	501(C)(3)	509(A)(1)	N/A		No



**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	P	2,152,764	COST ALLOCATED BASED ON TIMESHEET
(2) LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	P	94,206	COST ALLOCATED BASED ON TIMESHEET
(3) SALARIED EMPLOYEES PENSION FUND	P	126,941	COST ALLOCATED BASED ON TIMESHEET
(4) INTERNATIONAL MASONRY INSTITUTE	P	2,168,030	COST ALLOCATED BASED ON TIMESHEET
(5) BRICKLAYERS INTERNATIONAL HEALTH FUND	P	609,970	COST ALLOCATED BASED ON TIMESHEET
(6) BAC FLEXIBLE BENEFITS PLAN	P	6,271	COST ALLOCATED BASED ON TIMESHEET