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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Pul Inspectio

A	FC	or the 2	1013 calendar year, or tax year beginning JUN 1, 2013 and	ending .	DEC 31, 2013	~		
В	Ch ap	eck if plicable	C Name of organization		D Employer identific	cation number		
r		Address	IBEW Local 488 Labor Management					
Ļ	=={	change Name	Cooperation Trust		46.3	005010		
L		change	Doing Business As			805810		
Ļ		initial return Termin-	,	Room/suite	,	•		
ŗ	ليب	ated	721 Main Street, RT 25 City or town, state or province, country, and ZIP or foreign postal code			452-7679		
Ļ		G Gross receipts \$	23252					
L		eturn ————————————————————————————————————						
		pending	F Name and address of principal officer Peter F Carroll		for subordinates	Yes XN		
_			same as C above		H(b) Are all subordinates in	ncluded? Yes N		
1	Ta	x-exen	npt status 501(c)(3) _X 501(c)(_05) ◀ (insert no.) 4947(a)(1) c	or 52	7 If "No," attach a	list. (see instructions)		
J	W	ebsite:	► N/A		H(c) Group exemption	n number 🕨		
<u>K</u>	Fo	rm of o	ganization: Corporation X Trust Association Other	L Yea	r of formation: 2013 A	A State of legal domicile; C		
	Pai	rt I	Summary					
;	& Governance	1 B	nefly describe the organization's mission or most significant activities Furth	her L	abor-Mgmt Co	operation.		
₹**	19	2 C	neck this box if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as	ssets		
\$107	Š		- 1	THE RESERVE THE PERSON NAMED IN		4		
	3		umber of independent voting members of the governing body (Part VI, line 1a)	KEC	EIVED 4	2		
	5		otal number of individuals employed in calendar year 2013 (Part V, line 2a)	A. sad Committee of the Party o	5	0		
- 4	Activities			MAR		0		
Ž.	3		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12	- 111-111	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0.		
== \ -	3		n n	000		0.		
<u>_</u> _	+	D 140	et unrelated business taxable income from Form 990-T, line 34	OGDI	Prior Year			
z	- [• •	and the desire and supply (Park VIII) has a disk		- Prior Year	Current Year		
萎:	9		ontributions and grants (Part VIII, line 1h)	-	······································	0.		
SCARRED	5		rogram service revenue (Part VIII, line 2g)	-		232527.		
Vi d	9		vestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.		
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		0.		
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			232527.		
			rants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		9585.		
	Ì		enefits paid to or for members (Part IX, column (A), line 4)			0.		
:	es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_		0.		
į	SE	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)			0.		
	Expenses	b To	otal fundraising expenses (Part IX, column (D), line 25)	0.				
ı	"	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			437.		
	١	18 To	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	.,,	10022.		
		19 R	evenue less expenses Subtract line 18 from line 12			222505.		
ŏ	Salances			В	eginning of Current Year	End of Year		
sets	ag ag	20 To	otal assets (Part X, line 16)			222505.		
‡ As		21 To	otal liabilities (Part X, line 26)			0.		
Se	اق		et assets or fund balances. Subtract line 21 from line 20			222505.		
	Pai	rt II	Signature Block					
U	nde	r penaltı	es of perjury, I declare that I have examined this return, including accompanying schedule:	s and state	ments, and to the best of m	ly knowledge and belief, it is		
tr	ue, e	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepar	er has any knowledgez 🔎	111		
			Vites the Carrel		3/1/	714		
s	ign		Signature of officer		Date /	/		
	ere	- { .	Peter F Carroll, Trustee					
		[]	Type or print name and title					
		F	Print/Type preparer's name Preparer's signature 0		Date Check	X PTIN		
P	aid	- 1	ictor B. Lozinak CPA With & Frank	ML !	03/03/14 self-employ	P01085711		
			irm's name Victor Bruce LLC		Firm's EIN	01-0556612		
		·	irm's address 430 Sniffens Lane	·····				
_		•	Stratford, CT 06615		Phone no. 20	3-386-1693		
M	lav	the IRS	6 discuss this return with the preparer shown above? (see instructions)		1	X Yes No		

	•	
	iBEW Local 488 Labor Management	
	1990 (2013) Cooperation Trust rt III Statement of Program Service Accomplishments	46-2805810
Pai		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission	
1	To Further Labor-Mgmt Cooperation.	
	10 1 61 01101 2 26001 119110 000 D01 60 1011	
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 X
	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 in the conducts of the conduct of the conducts of the conduct of the condu	ices? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported	o others, the total expenses, and
4a	(Code) (Expenses \$ including grants of \$)	(Revenue \$
	The LMCC was established to provide financial and oth	ner support for
	NECA-IBEW Local 488 progams. It promotes and improves	
	between labor & management through the enhancement of	
	involvement in making decisions that affect their wor	
	addition, it allows IBEW Local 488 to promote itself	
	involvement and participation in an effort to increase	se awareness.
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$
		····
		······································
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$

4e Total program service expenses ▶

332002
10-29-13

(Expenses \$

4d Other program services (Describe in Schedule O)

including grants of \$

) (Revenue \$

Form 990 (2013) Cooperation Trust Part IV Checklist of Required Schedules

			1	Γ
4	to the expensive decombed in section 501(a)(2) or 4047(a)(1) (other than a private foundation)?		Yes	Nc
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		}	v
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		X X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		 -	<u> </u>
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_	<u> </u>	-
•	during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ļ
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ĺ
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ĺ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			4,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	X
10	1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
10	complete Schedule G, Part III	19		x
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	·	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			gan	(0040

Form 990 (2013) Cooperation Trust
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		v
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete schedule in	29	ļ	
30	contributions? If "Yes," complete Schedule M	00		v
04		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		v
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I			.
	, , , , , , , , , , , , , , , , , , , ,	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2013)

Form 990 (2013) Cooperation Trust

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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		l				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0			ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_						
4a	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		X				
þ	if "Yes," enter the name of the foreign country.			l				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			1				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ					
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 as charitable contributions?	6a		X				
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).	_		•				
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_		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		<u> </u>				
·	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	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						
9	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			İ				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u></u>				
9	Sponsoring organizations maintaining donor advised funds.			l				
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>				
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		 -				
10	Section 501(c)(7) organizations. Enter:			İ				
	Initiation fees and capital contributions included on Part VIII, line 12			1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter			ľ				
a	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against			İ				
122	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?	100		1				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		i				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		,					
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ				
	organization is licensed to issue qualified health plans			ĺ				
С	Enter the amount of reserves on hand			L				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2013)				

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Form 990 (2013) Cooperation Trust 46-2805810 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, au, or rob below, describe the circumstances, processes, or charges in ochedule c. dee instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
sec	tion A. Governing Body and Management		 _	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b		Ì	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		<u>X</u>
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?	,		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5 6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, a	more members of the governing body?	7a		\mathbf{x}_{-}
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-,-		
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			7.
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	i		Ì
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X
	taxable entity during the year?	16a		
D	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 safequard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	TOD		·
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	vailah	le .	
	for public inspection. Indicate how you made these available. Check all that apply.	· · · · · · · · · · · · · · · · · · ·		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion D	•	
	Peter Carroll - 203 452-7679			
_	721 Main St., RT_25, Monroe, CT_ 06468			
		Care	000	/2012

Cooperation Trust

46-2805810

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Peter F Carroll	1.00	.,								•
Trustee (2) Wishes! Waystand	1.00	X		\vdash				0.	0.	0.
(2) Michael Murgatroyd Trustee	1.00	X						0.	0.	0.
(3) Michael Moconyi	1.00									
Trustee		X						0.	0.	0.
(4) Anthony M. Soter	1.00	X						0.	0.	^
Trustee		^						0.	0.	0.
				ļ		ļ				<u></u>
					ļ					
				_	_					
					<u> </u>					
		L								

Page 8

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op/	not c	Posi heck ss pe	C) Ition more rson		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fi org	(F) stimate nount other spensa om the anizat d relat anizate	of ition e ion ed
		-										
		-										
										<u> </u>		
											<u>.</u> .	
		-								ļ		
			-			-				-		
							<u> </u>			 		
		L.	<u>L</u>	<u> </u>			<u> </u>	0		-		_
1b Sub-total c Total from continuation sheets to Part \	/II. Section A							0.	0			0.
d Total (add lines 1b and 1c)		_					<u> </u>	0.	0			0
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable			
compensation from the organization											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		103	х
4 For any individual listed on line 1a, is the s	um of reportab	le co						· ·	the organization	3		
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	unr/			idual for services	4		X
rendered to the organization? If "Yes," con	nplete Schedul	<u>e J f</u>	or s	uch	pers	son			 	5		<u> X</u>
Section B. Independent Contractors 1 Complete this table for your five highest c	ompensated in	dene	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compen	sation	from	
the organization Report compensation for									•			
(A) Name and busines	s address	N(ON	F.				(B) Description of s	services	(Compe	C) nsatio	'n
	<u></u>											
		_					_					
							İ					
						-						
4,**				_								
		_										
2 Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	ster	d above) who received n	nore than			
\$100,000 of compensation from the organ						0					005	
										Eorm	990 (2013

Cooperation Trust

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D)
Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 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 **Business Code** 900099 232527. 232527. 2 a Employer Assessments Program Service Revenue f All other program service revenue 232527. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 232527 232527 Total revenue See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons	(A)	this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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	9585.			
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				
5	Compensation of current officers, directors,				
_	trustees, and key employees	-			
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
''a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		***************************************		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	-			
-	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	212.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				Ì
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses Itemize expenses not equated				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Educational Expenses	225.			
b			10		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10022.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				1
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<i>r</i>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	222505.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
ম		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other	·		
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	222505.
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
e S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26	<u> </u>
]	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Baj	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	_ -
Ψ	i	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X		}	
ō		and complete lines 30 through 34.	_		
šets	30	Capital stock or trust principal, or current funds	<u> </u>	T	222505.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	0.
~	33	Total net assets or fund balances	0.	 	222505.
	34	Total liabilities and net assets/fund balances	<u>0.</u>	34	222505.

IBEW Local 488 Labor Management Cooperation Trust 46-2805810 Form 990 (2013) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 232527. Total revenue (must equal Part VIII, column (A), line 12) 2 10022. 2 Total expenses (must equal Part IX, column (A), line 25) 222505. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 222505. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990. X Cash Accruai 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? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Both consolidated and separate basis

Both consolidated and separate basis

3b | Form **990** (2013)

2c X

X

X

2b

За

Separate basis

consolidated basis, or both.

Separate basis

Act and OMB Circular A-133?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

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

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

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.
➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

IBEW Local 488 Labor Management

Cooperation Trust

Employer identification number 46-2805810

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ີ _{Yes} and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche		tion Trust							Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	easures, or Oth	er Simi	lar Asse	ts(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply):								
а	Public exhibition	d	<u> </u>	oan or excl	nange programs				
b	Scholarly research	е		ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organization's ex	empt purp	ose in Par	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, his	torical treas	sures, or other simil	ar assets		-	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		te if the d	organizatio	n answered "Yes" to	o Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for c	ontribution	s or other assets no	ot included	i	-	
	on Form 990, Part X?						L_	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	able			, -		
							<u> </u>	Amount	
C	Beginning balance					1c		·	
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				<u></u>	Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	f the organization ans	swered "	Yes" to Fo	m 990, Part IV, line	10			
		(a) Current year	(b) Pri	or year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance					 			
b	Contributions					 			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships) 				
е	Other expenditures for facilities				1	1			
	and programs					<u> </u>			
f	Administrative expenses					ļ			
g	End of year balance					<u> </u>			
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a	i)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
c	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held a	nd administered for	the organ	ızatıon	r	
	by.								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required or	n Schedi	ule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.					
Pai	t Ⅵ	nent.							
	Complete if the organization answered	d "Yes" to Form 990,	Part IV,	line 11a. S	ee Form 990, Part X	(, line 10			
	Description of property	(a) Cost or ot		(b) Cost	1	Accumula	I .	(d) Book	value
		basis (investm	ent)	basis	(other) d	epreciatio	n		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colum	n (R) line 1	O(c))				Λ.

~				
ハつつ	nara	+ 1 ~ ~	ı Tru	95
	рето	$\iota \cup \bot \cup \iota$		

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" to				, ,
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end	d-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A) (B)					
(B) (C)			- 		
(D)				·	·
(E)				·	
(F) _					
(G)					
(H)				······································	
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes" to	o Form 990, Part IV,	line 11c See Form 990,	Part X, line 13	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>	/// must supplify and (D) lime 10 \				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
1 art ix	Complete if the organization answered "Yes" to	o Form 990 Part IV	line 11d See Form 990	Part Y line 15	
		escription	1110 174 000 10111 000,	Tare X, into 15	(b) Book value
(1)					
(2)					
(3)			 		
(4)					
(5)					
(6)					
(7)					
(8)					}
(9))
	umn (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" to	o Form 990, Part IV,		n 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value	_	
	deral income taxes			4	
(2)				-	
(3)				-{	
(4)				-{	
(5)				-	
(6)				+	
<u>(7)</u> (8)				†	
(9)				1	
	umn (b) must equal Form 990. Part X. col. (B) line	25.)		7	

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

IBEW Local 488 Labor Management Cooperation Trust 46-2805810 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2a a Net unrealized gains on investments b Donated services and use of facilities 2b Recoveries of prior year grants 2¢ d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 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. 42 b Other (Describe in Part XIII.) 4b Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b **4**a **b** Other (Describe in Part XIII) c Add lines 4a and 4b 40 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part X, Line 2: Explanation: Uncertain tax positions, if any, are recorded in accordance with ASC 740, "Income Taxes". ASC 740 requires the recognition of a liability of tax positions taken that do not meet the more-likely-than-not standard that the position will be sustained upon examination by the taxing authorities. During the period beginning June 1, 2013 and ending <u>December 31,2013 the Organization performed an evaluation of uncertain tax</u> positions and did not note any matters that would require recognition in

the statement of revenues, expenses and changes in fund balances or which

may have an effect on its tax-exempt status.

<i>"</i>	IBEW Local 488 Labor Ma	nagement	
Schedule D (Form 990) 2013	Cooperation Trust mation (continued)		46-2805810 Page 5
Part Alli Supplemental Infor	mation (continued)		
			
			
			
			
		 	
			
			

Employer identification number 46-2805810Open to Public OMB No 1545-0047 Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. IBEW Local 488 Labor Management Cooperation Trust Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

(f) Description of non-cash assistance 46-2805810 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant IBEW Local 488 Labor Management (b) Number of recipients Cooperation Trust (a) Type of grant or assistance

Page 2.

Schedule I (Form 990) (2013)

Part III

donations are made to other charitable organizations that provide education Explanation: At the discretion of the Organization's Trustees grants or for its members. These grants totaled \$9,585 with no one recipient receiving \$5,000 or more. Part I, Line 2:

Part IV

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. IBEW Local 488 Labor Management

Inspection Employer identification number

Name of the organization	IBEW Local 488 Cooperation Tru	Labor Management st		Employer identification number 46-2805810
Form 990, Par	t VI, Section B, 1	ine 11:		
Explanation:	Reviewed by Truste	e prior to filing	•	
Form 990, Par	t VI, Section C, L	ine 19:		
Explanation:	Copies available u	pon telephone or	written r	equest.
				
	······································	·		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Employer identification number Open to Public Inspection Direct controlling 46-2805810 entity 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 End-of-year assets ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income ▶ See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) IBEW Local 488 Labor Management ► Attach to Form 990. Primary activity Cooperation Trust Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(a)	(q)	(0)	(p)	(e)	(1)	(g) Section 512(b)(13)) 2(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal dornicile (state or foreign country)	exempt Code section	status (if section	Direct controlling entity	controlled entity?	iled y2
				501(c)(3))		Yes	2
Local No. 488 International Brotherhood of							
Electrical Workers - 06-0400910 721 Main							
Street, Route 25, Monroe, CT 06468	Labor Union	Connecticut	501(c)5		N/A		×
Local No. 488 IBEW Education Trust Fund -	·—·						
22-2823741, 721 Main Street, Route 25,	·						
Monroe, CT 06468	Education Trust	Connecticut	501(c)9		N/A		×
IBEW Local No, 488 COBRA Subsidy Benefit							
Fund - 20-2368927, 721 Main Street, Route	·						
25, Monroe, CT 06468	COBRA Benefit Provider	Connecticut	501(c)9		N/A		×
Local Union 488 - JATC - 06-0976668	- ,						
721 Main Street, Route 25	Apprenticeship Training						
Monroe CT 06468	Organization	Connecticut	501(c)5	-	N/A		×

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

Schedule R (Form 990) 2013

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46-2805810

Schedule R (Form 990)

Cooperation Trust

(g) Section 512(b)(13) controlled . organization? No. × Yes Direct controlling entity Ξ Public charity status (if section 501(c)(3)) <u>e</u> Exempt Code section 501(c)2 Legal domicile (state or foreign country) <u>ပ</u> Connecticut Local Union 488 IBEW Building Corporation Primary activity Part II | Continuation of Identification of Related Tax-Exempt Organizations Local Union 488 IBEW Building Corporation -26-1560789, 721 Main Street, Route 25, Name, address, and EIN of related organization 06468 Monroe CT

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Page 2:

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Schedule R (Form 990) 2013 Cooperation Trust

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. Part III

(i) (k) General or Percentage managing ownership partner?			e related		Yes		
			e or more	(h) Percentage ownership			
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			on or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	(g) Share of Perend-of-year ow			
ortionate tions?			/, line 34				
(g) (f) Share of Osproper aloca assets			ırm 990, Part IV	(f) Share of total income			
Share of total Strucome enc			ered "Yes" on Fc	(e) Type of entity (C corp, S corp, or trust)			
Ĺ			on answe				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			he organizati	(d) Direct controlling entity			
Predom (related excluded section			nplete if t	(C) Legal domicile (state or foreign country)			
(d) Direct controlling entity			ration or Trust Corear.	(b) Primary activity			
(c) Legal domicile (state or foreign			s a Corpo g the tax y	Pnm			
(b) Primary activity			janizations Taxable a	<u></u>			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2013

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IBEW Local 488 Labor Management Cooperation Trust

Schedule R (Form 990) 2013

Page 3.

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Transactions With Related Organizations Complete if the organization answered "Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	Yes" on Form 990, Part IV, line 34, 35b, or 36	
art v	art V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	ote. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S S	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?		-	ļ
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19	×	l
b Gift, grant, or capital contribution to related organization(s)				q.	×	. 1
c Gift, grant, or capital contribution from related organization(s)				ئ	×	ļ
d Loans or loan guarantees to or for related organization(s)				₽	×	. (
e Loans or loan guarantees by related organization(s)				-	×	. (
				;	.	
1 Dividends from related organization(s)				F	4	.1
g Sale of assets to related organization(s)				1g	×	1
h Purchase of assets from related organization(s)				Ę	×	ļ
i Exchange of assets with related organization(s)				;=	×	
j Lease of facilities, equipment, or other assets to related organization(s)				j.	×	ļ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	ļ
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ı
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ᄩ	×	١
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			ŧ	×	ļ
o Sharing of paid employees with related organization(s)				10	×	Į
					.	
				Q	4	ł
 Reimbursement paid by related organization(s) for expenses 				19	×	(
r Other transfer of cash or property to related organization(s)					×	
				- 4	: >	1
1 1	who must complete the	his line, including covered	relationships and transaction thresholds	2	4	1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						(
2)						
(6)						
4)						{
						!

Schedule R (Form 990) 2013

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Cooperation Trust Schedule R (Form 990) 2013 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

that was not a related organization. See instructions regarding exclusion for certain investment partitions	structions regarding exciu	SIOTH OF CETTAIN HIN	estment parmersmps						
(a)	(q)	(0)	(p)		(6)	£	€	9	3
Name, address, and EIN of entity	Primary activity	흥혈	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax	••	Share of end-of-year	Dispropor- tronate allocations?	Ospropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations?	General or managing partner?	Percentage ownership
		country)	under section 512-514) Yes	No income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013

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Schedule R	(Form 990) 2013 Supplemental Inform	Coope	eration	n Tr	<u>ust</u>			46-2805810 Pa	ge 5
1 dit VII	Provide additional informa		sponses to	nuestion	s on Sched	ule R (see instructions	=)		
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