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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 2	013 calen	dar year, or tax	year begir	nning Oct	1	, 2013, a	nd ending	Sep	30	,	2014		
В	Check if appl	licable	C Name of organ	ization Bee	er Bottle	ers Loca	l Union 1	44B		D Employ				
	Address	s change	Doing Business							25-0	03713	367		
	Name o	hange	Number and st	reet (or P O box	x if mail is not deli	vered to street ad	dress)	Room/sui	te	E Telephone number				
	Initial re	eturn	1612 Wood	Street						172	4) 60	0-66	15	
	Termina				country, and ZIP	or foreign postal of	ode			(/ 2	1) 00	70 00	1,5	
	\vdash	ed return	Latrobe		-		י אַרו	15650		G Gross re		5 67	020	
	\vdash	tion pending	F Name and add	ress of pancinal	officer		PA.	15650 TH	(a) Is this a	a group return			030	XNo
	Applica	tion pending					D. 1			• .			Yes Yes	A No
_	Toulous	ant status	Joseph Kohu					15650 "	If 'No,'	subordinates attach a list (see instru	ctions)		
'- -	Tax-exen	·		X 501(c) (5) (11	nsert no)	4947(a)(1) or	527			. •			
	Website			1_ 1	т. т	T			• • •	exemption nu				
K		rganization	X Corporation	Trust	Association	Other •	L Yea	ar of formation	1950	0 M s	state of leg	gal domicil	e PA	
Pa		Summar		<u> </u>										
			oe the organizat		_			r Bottle						
9	<u>ne</u>		<u>e and enfo</u>					n Brewi	ng Co	<u>and_l</u>	<u> atro</u>	be Br	<u>ewin</u>	<u> 3 Co.</u>
Governance	as as	MeTT	<u>as protec</u>	t the w	errare o	<u>r_its_me</u>	mbers						-	
en Le	2	eck this bo					s or disposed							
Ö	2 Che		ting members o				s or disposed				3			117
			dependent votin	•		,					4			$\frac{117}{117}$
Activities &	5 Tot		of individuals ei		-						5			
₹	6 Tot		of volunteers (e								6			0
ğ	7a Tot		ed business reve								7a			5.
	1		business taxab								7b			
					 					rior Year	'	Cui	rent Ye	ar
	8 Co	ntributions	and grants (Pai			62,2	44.			,308.				
Revenue	L		rice revenue (Pa		•					<u> </u>			<u> </u>	300.
ē	1		come (Part VIII,								4.			5.
æ	1		e (Part VIII, colu			•				1.3	35.		3.	,197.
	1		e – add lines 8 t				•			63,5				,510.
														
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)												
	1				14,0	167		1./	,806.					
ജ്ഷ	16 a Dro	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)												000.
2015 Expense	100								-			-		
<u>~¤</u>	b lot		sing expenses (F											
64	17 Otr										23,537.		50,	,835.
1		tal expense	es Add lines 13	-17 (must e	qual Part IX, o	Hrلـ(Column (A)	re 25)	195·· 19	L	37,6	04.		65,	<u>,641.</u>
N M	19 Re	venue less	expenses Sub	tract line 18	from line 12	· 180/· ·	144.0 g. 50	71,2 / 19		25,9	79.		_	-131.
						 §	JAII -		Beginnii	ng of Currei	nt Year	En	d of Ye	ar
<u> </u>	1 I	,	(Part X, line 16)			\&\.	- GON	الل.	2	62,0	20.		61,	,029.
	21 Tot	tal liabilitie:	s (Part X, line 26	3)			OGDEN	٠		1,6	49.			789.
ر بري س	22 Ne	t assets or	fund balances	Subtract line	e 21 from line	20	····			60,3	371.		60,	,240.
₹P	art II	Signatu	re Block							•				
Unc	ler penalties o	of perjury, I dea	clare that I have exam	nined this return	i, including accom	panying schedule	s and statements a	and to the best	of my know	dedge and be	lief, it is tri	ue, correct	, and	
J∠com ——	nplete Declara	ation of prepar	rer (ather than officer	is based on all	information of wh	ich preparer has a	ny knowledge							
			we 15/2							/-	Z-	- 15		
Si	gn	Signatu	ure of officer	1 1	1	Ω .	- 11	1	Da	ate				
He	ere		loe L	γ N γ H	h	Busin	ess M	ient						
		Type or	r print name and title											
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Check	ıf	PTIN		
P:	aid	Christ	topher T.	Pakos	(1/1)	T. Pak	on a	12.26-	14/	self-employe	ed	P0006	7371	
	eparer	Firm's name		topher	T. Pakos	S, CPA, I	C.				I			
	se Only	Firm's addre		loyd Av		<u>,</u>	<u>-</u>			Firm's EIN 1	20-	-0144	531	
	•		Latro		-		PA 15650)		Phone no	(724		7-601	0
Ma	v the IRS	discuss the	is return with the		hown above?						1124		es	No
				F - F - O		,	,							

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . Х 2 3 Х 4 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 Χ 5 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, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ 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 . . . Х 9 Χ 10 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 Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11 b Χ 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 Χ 11 c 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 Χ 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Х 11 e 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 . . . Х 11 f 12a Х Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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, Parts I and IV 14b Χ 15 Χ Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 Х 20

20 b

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

Part IV Checklist of Required Schedules (continued)

No 21 Χ 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 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV. Χ 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If* 'Yes,' complete Schedule L, Part IV 28b Χ 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M......... Х 29 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 Χ 35a Χ 35b Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 38

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Form 990 (2013)

Tom 990 (2013) Beel Bottlers Local Union 144B		25-	-03/136/	/	۲	age :
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
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a		0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b		0			ĺ

	Enter the humber reported in Box 3 of Form 1096 Enter -0- if not applicable	- 1		ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	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 2 a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b	-	
	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)?	4 a		х
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	İ	İ	ĺ
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	-+	X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	\dashv	
	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
	,	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		Ī	į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
_	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
ч	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?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	+	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		+	
g	as required?	7 g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	\neg	\neg	
а	Did the organization make any taxable distributions under section 4966?	9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	+	$\neg \neg$	
	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ļ	1
11	Section 501(c)(12) organizations. Enter	1	}	1
а	Gross income from members or shareholders	-	Ì	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	T		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	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 organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 117 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 117 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 13 Χ 14 Х 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 . . . 15 a Χ Х 15 b 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? 16 a Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 1612 Wood Street Latrobe PA 15650 (724) 600-6645 TEEA0106 07/02/13 Form 990 (2013) BAA

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')	5-	NΘ	371	- 21	27

Page 7

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

- 1 a 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	nor any rela	ated o	rgan	ızatı	on c	ompe	nsate	ed any current officer,	director, or trustee	
				(C	;}					
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Joseph Kohuth	10.00									
Business Agent		Х		Х		Х		6,940.	0.	0.
(2) Steve Tulenko	_2.00							1		
President		X	<u> </u>	Х				1,986.	0.	0.
(3)_Colleen_Stiffler	3.00					1			_	
Vice Pres/Secretary	ļ	Х	_	Х				0.	0.	<u> </u>
_(4)										
(5)										
_(7)										·
							•			
(9)										
(10)										
<u>(11)</u>										,
<u>(12)</u>						_				
<u></u>		-								
(14)										

Form 990 (2013) Beer Bottlers Local Unio Part VII Section A. Officers, Directors, Trus	n 144	<u>B</u> Kev	Em	nple	ove	es	an(d Highest Con	25-037136	7 Page 8
(A) Name and title	(B) Average hours	(do	not c unte	Pos heck ss pe	tion more	than o	ne an	(D) Reportable	(E) Reportable	(F) Estimated
	per week (list any hours for related organiza - tions below dotted line)	or director				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
<u>(15)</u>		<u> </u>								
(16)										
(17)		<u> </u>								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	Α						>	8,926.	0.	0.
d Total (add lines 1b and 1c)							ive	8,926. d more than \$100.0	0. 000 of reportable co	0.
from the organization ►									·	Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi										. 3 X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater that such individual	ın \$150,	00Ö?	If 'Y	'es'	com	plete	Sch	nedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If 'Yes,' cor	npensati	on fr	om a	any	unre	lated	org	janization or individ	iual	
Complete this table for your five highest compensation from the organization. Report compens	d indepe	nden	t cor	ntrac	ctors	that	rec	eived more than \$	100,000 of	
(A) Name and business addres		i tile	Calc	- IIua	yea	ai eile	unig	(B) Description of		(C) Compensation
Total number of independent contractors (including bits)	ut not lin	nited	to th	ose	liste	ed ab	ove) who received mo	re than	
\$100,000 of compensation from the organization	•									

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any	line in this Part VIII			<i>.</i>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 €	1 a Federated campaigns 1 a				
₹ ₹	b Membership dues 1b 62,148				
ᇩ욁	c Fundraising events 1 c				
A H	d Related organizations 1 d				
걸릴	e Government grants (contributions) 1 e	:			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 160				
	g Noncash contributions included in lines 1a-1f \$				
3 ₹	h Total. Add lines 1a-1f	62,308.			
3	Business Code				
NE I	2 a				
뿔	b				
흳	с				
8	d				
SE	e				
38	f All other program service revenue				
õ	g Total. Add lines 2a-2f	•			
_	1				
	Investment income (including dividends, interest and other similar amounts)	▶ 5.	0.	5.	0.
	4 Income from investment of tax-exempt bond proceeds		• • • • • • • • • • • • • • • • • • • •		· ·
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents	-			
	b Less rental expenses	-			
- 1	c Rental income or (loss)	-			
	' ' <u> </u>				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (ii) Securities (iii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss).	•	i		
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$				
2	of contributions reported on line 1c)				
R.	See Part IV, line 18				
뿔	b Less direct expenses b 1,520				
0	c Net income or (loss) from fundraising events			0.	1,220.
	9 a Gross income from gaming activities See Part IV, line 19 a	1,220.		<u> </u>	1,220.
	b Less direct expenses b	-			
	c Net income or (loss) from gaming activities	•		· · · · · · · · · · · · · · · · · · ·	
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b	- 	1		
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code				-
		1 077	1 077	^	<u> </u>
	<u> </u>	1,977.	1,977.	0.	0.
	D				-
	6 All All All All All All All All All Al	 			ļ <u>-</u>
	d All other revenue				-
	e Total. Add lines 11a-11d	=1-2-1-1			
	12 Total revenue. See instructions	► 65,510.	1,977.	5.	1,220.

Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations	must complete all columns	All other organizations	must comp	plete columi	n (A)
Check if Schedule O conta	ains a response or note to a	ny line in this Part IX .			

	ot include amounts reported on lines 'b, 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	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	8,926.	0.	8,926.	
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	3,502.	3,502.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	2,378.		2,378.	
	Fees for services (non-employees)				
	Management				
b	Legal	8,162.		8,162.	
_	Accounting	1,286.		1,286.	
_	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
_	Investment management fees				 .
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	277.	277.		
14	Information technology				·
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,020.	2,020.		
	Conferences, conventions, and meetings	2,685.	2,685.		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization		-		 ·
23 24	Insurance	462.	462.		
	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	Miscellaneous	143.	143.		<u>_</u>
b	Postage	0 .	0.		
С	Membership Dues	34,842.	34,842.		
d	Gifts	958.	958.		
е	All other expenses	<u></u>			
25	Total functional expenses Add lines 1 through 24e	65,641.	44,889.	20,752.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720).				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 52,015 1 49,020. 2 2 Savings and temporary cash investments . 9,977 12,009. 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a h Less accumulated depreciation 10 b 10 c 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 14 14 15 Other assets See Part IV, line 11 28 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 62,020 16 029 17 17 1,649 789 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 22 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25... 649 26 789 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 54,032 27 53,901 28 28 6.339 6,339. 29 29 o R Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. FUZD 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 33 60,371 60,240. 34 62,020 34 61,029 BAA Form 990 (2013)

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Forn	1 990 (2013) Beer Bottlers Local Union 144B 25-	03713	67	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1			510.
2	Total expenses (must equal Part IX, column (A), line 25)	2			641.
3	Revenue less expenses Subtract line 2 from line 1	3			131.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			371.
5	Net unrealized gains (losses) on investments	5		- 007	<u> </u>
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		60,3	<u>240.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			 	1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_	ł	
	in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a X	1
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
	b Were the organization's financial statements audited by an independent accountant?		21	o	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?		20		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a 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?		3 :	a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		21	اء	1

Form 990 (2013)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 25-0371367 Beer Bottlers Local Union 144B Pt VI, Line 7a All officers are elected by member votes. Pt VI, Line 7b All decisions of the board are subject to member votes Pt VI, Line 19 The officers are presented with the form Pt VI, Line 19 Subject to review by the membership, prior to signing.