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# Form **990**

Department of the Treasury Internal Revenue Service

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

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

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year begi	nning 01-01-2014 , and end	ling 12-31-2014	i						
		applicable change	C Name of organization INTERNATIONAL BROTHERHOO WORKERS LOCAL UNION NO 48					<b>oyer ider</b> 289840	ntification number )			
┌ Na	me cha	ange	Doing business as									
	tıal retı	urn	Number and street (or P.O. bo	x if mail is not delivered to street a	oddress) Doom/suit	· · · · · · · · · · · · · · · · · · ·	E Teleph	one num	ber			
Fir ret		rmınated	1828 N MERIDIAN STREET	x ii iiidii is not delivered to street d	duress) Room, suit	.C	(317	923-2	596			
_		I return on pending	INDIANAPOLIS, IN 46202	, country, and ZIP or foreign postal	code		<b>G</b> Gross	receipts \$	4,857,386			
,		··· p -······	<b>F</b> Name and address o	f principal officer		H(a) Ic	this a group	ratura	for			
			STEVE MENSER				ibordinates?		⊤Yes <b>▼</b> No			
			1828 N MERIDIAN STR INDIANAPOLIS,IN 46				re all subord cluded?	ınates	┌ Yes ┌ No			
I Ta	ıx-exer	mpt status	「 501(c)(3) <b>▼</b> 501(c) ( 5	) ◀ (insert no )	or <b>5</b> 27			n a list	(see instructions)			
J W	ebsit	: <b>e:►</b> N/	Α			<b>H(c)</b> G	roup exemp	tion nun	nber <b>►</b> 0064			
<b>K</b> For	m of o	rganızatıor	Corporation Trust Asso	ciation Other 🕨		<b>L</b> Year o	f formation 1	906 <b>M</b>	State of legal domicile IN			
Pa	rt I	Sum	nmary									
	1		<del>-</del>	ission or most significant ac	tivities							
e e		LABOR	UNION									
anc												
Ë	,	Check t	his box 🕶 if the organization	on discontinued its operation	s or disposed o	f more tha	n 25% of its	netas	sets			
Governance	-	CHECK	ms box Fig. in the organization	m discontinued its operation	s or disposed o	i more tha	11 25 70 01 10.	, net as	3003			
	3	Number	of voting members of the go	verning body (Part VI, line 1	a)			3	5			
lles	1			ers of the governing body (P				4	0			
Activities &				d ın calendar year 2014 (Par				5	45			
ď			•	e if necessary)				6	0			
	1		irelated business revenue fro elated business taxable inco			7a 7b	0					
	<u> </u>		Tracta Business taxable into			1	rior Year	1 75	Current Year			
	8	Contr	ibutions and grants (Part VI)	II, line 1h)				0	0			
昌	9	Progra	am service revenue (Part VI	II, line 2g)		4,221	513	3,842,440				
Revenue	10	Inves	tment income (Part VIII, co	lumn (A), lines 3, 4, and 7d)		161,	474	244,653				
立	11 Other revenue (Part VIII, column						140	245	105,598			
	12			h 11 (must equal Part VIII, o			4,523	232	4,192,691			
	13			Part IX, column (A ), lines 1–			39	942	47,153			
	14	Benef	its paid to or for members (P	ıld to or for members (Part IX, column (A), lıne 4)				776	91,780			
ch.	15		es, other compensation, emp		1,338	109	1,447,064					
Expenses	16a	5-10 Profes	<i>)</i> ssional fundraising fees (Part		0							
क ⊕	Ь		undraising expenses (Part IX, colum									
Ð					2,685	F00	2 6 2 2 0 7 2					
	17 18		expenses (Part IX, column expenses Add lines 13–17		2,623,873 4,209,870							
	19		nue less expenses Subtract	. –	4,168,327 4,3 354,905							
<b>8</b> €							ning of Curre	ent	End of Year			
D de							Year					
Ass Ba	20						6,220		6,323,390			
Net Assets or Fund Balances	21			ract line 21 from line 20			6,217	336 905	1,443 6,321,947			
	(1111		nature Block	race me 21 nom me 20 1			0,217	303	0,321,317			
Unde my k	r pen nowle	alties of edge and	perjury, I declare that I have	e examined this return, included the complete Declaration of pre								
		****	***				2015-05-22					
Sigr	1	IB	ature of officer				Date					
Her			VE MENSER FINANCIAL SECY-BUSING or print name and title	NESS MANAGER								
		11	Print/Type preparer's name	Preparer's signature	Da	ite .	Check I if	PTIN				
Pai	d		TIMOTHY LAKIS TIMOTHY LAKIS					self-employed P00841931				
	pare		Firm's name F LEGACY PROFESS	DIONALS LLP			Firm's EIN 🕨 3	12-004359	<del>)</del> 9			
	On		Firm's address 🟲 222 INDIANAPOLIS	S BLVD STE 103			Phone no (21	9) 836-10	065			
		-	SCHERERVILLE, I	N 46375								

Form	990 (	2014)			Page <b>2</b>
Par	t III	Statement of Program Service Check if Schedule O contains a response		art III	
1	Brief	y describe the organization's mission			
LABO	OR UN	ON			
2	the p	e organization undertake any significant p ior Form 990 or 990-EZ?			┌ Yes ┌ No
		s," describe these new services on Sched			
3	servi	e organization cease conducting, or make		t conducts, any program	┌ Yes ┌ No
	If "Y €	s," describe these changes on Schedule (	)		
4	exper	tibe the organization's program service ac ses Section 501(c)(3) and 501(c)(4) org tal expenses, and revenue, if any, for each	anizations are required to re		
4a	(Cod	e ) (Expenses \$	including grants of \$	) (Revenue \$	)
	THE	DBJECTS OF THE ORGANIZATION SHALL BE TO PROP	10TE BY ALL PROPER MEANS THE N	MATERIAL AND INTELLECTUAL WELFARE OF ITS	MEMBERS
4b	(Cod	e ) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
_	/6-4	) / [		) (Davis	`
<b>4</b> c	(Cod	e ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Oth	r program services (Describe in Schedule	0)		
	(Exp	enses \$ includin	g grants of \$	) (Revenue \$	)
4e	Tota	l program service expenses ▶			
					Form <b>990</b> (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	· · · · · · · · · · · · · · · · · · ·	8						
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1 5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No				
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						
<b>4</b> a	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		No				
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55						
		5с						
	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	Yes					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	ts 6b	Yes					
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to . 7c		No				
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as <b>7g</b>						
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.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>                                     </del>				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12   10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	L				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand	_	ļ					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1					

Section A. Governing Body and Management

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

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
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		Νo
b	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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply			

- Own website Another's website 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, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►STEVE MENSER

#### 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 vear

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	<u>,                                      </u>							,	<u> </u>	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	confice Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEAN SEYFERTH	48 00			х				29,242	0	16,738
BUS MGR-FINL SECY -PAST (2) DAVID RAY	1 00 48 00									
BUS MGR-FINL SECY -PAST	1 00			Х				55,025	0	27,693
(3) STEVE MENSER	48 00			.,				50.050		16 511
BUS MGR-FINL SECY -NEW	1 00			Х				50,050	0	16,514
(4) MIKE HUNTER	1 00								_	
PRESIDENT - PAST	1 00			Х				1,839	0	534
(5) CHAD BOWMAN	1 00			x				1,662	0	325
PRESIDENT - NEW	1 00			^				1,002	Ŭ	323
(6) TIM BOOKER	1 00			х				299	0	0
VICE PRESIDENT - PAST (7) KENNY CHAPMAN	1 00									
VICE PRESIDENT - NEW	1 00			х				0	0	0
(8) BLAKE ANDREWS	1 00									
RECORDING SECRETARY	1 00			Х				1,505	0	144
(9) DAVID RAY	48 00									
TREASURER/ASST BUS MGR - PAST	1 00			Х				0	0	0
(10) MICHAEL DONOVAN	48 00			Х				49,818	0	22,323
TREASURER/ASST BUS MGR -PAST	1 00									
(11) JEFF WHEELER	48 00			x				47,558	0	15,983
TREASURER/ASST BUS MGR - NEW	1 00							,		
(12) STAN CORSON	1 00			х				1,697	0	325
EXECUTIVE BOARD  (13) HENDY BLDKS	1 00				-	_				
(13) HENRY BURKS  EXECUTIVE BOARD	1 00			х				3,393	0	912
(14) KENNETH RADTKE	1 00									-
EXECUTIVE BOARD - PAST	1 00			Х				0	0	0
										Form <b>990</b> (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box thar	chec c, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportabl compensati from relate organizatio	ion ed ns	Estim amount comper from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/109 MISC)	9-	organi and re organiz	lated
(15) MICHAEL DONOVAN	48 00			х				0		0		0
EXEC BOARD/BUS REP - PAST (16) JONATHON HOOKER	1 00 48 00				<u> </u>							
EXEC BOARD/BUS REP - PAST	1 00			×				49,181		0		26,440
(17) CHAD BOWMAN	1 00			<b>.</b>	1			_				
EXECUTIVE BOARD - PAST	1 00			Х				0		0		0
(18) DOMINIC COLLINS	1 00			l x				2,902		0		935
EXECUTIVE BOARD - NEW	1 00				-		-	,				
(19) CHAD ISON				×				1,883		0		324
EXECUTIVE BOARD - NEW (20) RYAN DONOVAN	1 00											
EXECUTIVE BOARD - NEW	1 00			×				454		0		88
(21) MIKE HOPKINS	1 00			х				0		0	0	
EXAM BOARD	0 00							,			Ů	
(22) KEVIN MCQUITTY				×				0		0	o	
EXAM BOARD - PAST (23) RYAN DONOVAN	0 00											
EXAM BOARD - PAST	0 00			×				0		0	0	
(24) PAT JENKINS	1 00			<b>.</b>				_				
EXAM BOARD - NEW	0 00			Х				0		0		0
(25) JEFF MEANS	1 00			l x				0		0		0
EXAM BOARD - NEW	0 00					<u> </u>		<u> </u>				
1b Sub-Total			•	•								
c Total from continuation sheets to d Total (add lines 1b and 1c).	•					<b>.</b> ⊢		296,508		0		129,278
Total number of individuals (incli					hove	) who	rec	·				123,273
\$100,000 of reportable compens				a a i	50 0 0	.) WIIO	, 160	erved more than				
											Yes	No
3 Did the organization list any form	<b>ner</b> officer, director or :	trustee	e kev	v em	ndar	vee o	r hic	nhest compensate	d employee		res	NO
on line 1a? If "Yes," complete Sch			•	•	•	•	•			3		No
4 For any individual listed on line 1									om the			
organization and related organiza	ations greater than \$1	50,000	)? <i>If</i>	"Yes	s," c	omple -	te So	chedule J for such		4		No
5 Did any person listed on line 1a	receive or accrile com	nensat	on f	rom	anv	unrel	ateo	d organization or i	ndıvıdual for	-		INO
services rendered to the organiz										5		No
											_I	
Section B. Independent Con				<b>.</b>			<u>.</u>			2 - 1		
Complete this table for your five compensation from the organizat											tax year	
	(A) ne and business address								(B) on of services		(C Comper	)
	ne and publicss dudless							резспри	on or services		Comper	isau011
										$\Box$		
										_		
	. ,											
2 Total number of independent conti \$100,000 of compensation from t		not limi	ited t	o th	iose	liste	a ab	ove) who received	more than			

90 X3	a b c d e f g h
90 X3	
Contributions, Gifts, Grants and Other Similar Amounts	g h
	2abcdef
5	3 4 5 6 6 6 7 7 8 8
Other	b c Pa b c
11	b c d e

1111	Statement o	<b>f Revenue</b> ule O contains a respor	ase or note to any lin	ie in this Part V/III			
	CHECK II SCHEOL	aie o contants a respor	ise of flote to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
b	Membership du	es <b>1b</b>					
С	Fundraising eve	ents <b>1c</b>					
d	Related organiz	ations 1d					
e	Government grants	s (contributions) <b>1e</b>					
f		ons, gifts, grants, and <b>1f</b>					
g	similar amounts no	ot included above					
	1a-1f \$						
h	Total. Add lines	s 1a-1f	· · · •				
22	MEMBERSHIP DUES	C/ACMNTC	Business Code	2 042 507	2 042 507		
2a b	ON BEHALF OF OTH		900099	3,813,507 28,933	3,813,507		28,933
c		-	300033	20,555			20,933
d							
e							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a – 2f	🕨	3,842,440			
3		ome (including dividen ar amounts)		252,900			252,900
4		tment of tax-exempt bond					
5	Royalties		🕨				
62	Cross rents	(ı) Real	(II) Personal				
6a b	Gross rents Less rental						
С	expenses Rental income						
d	or (loss) Net rental incoi	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other than inventory	656,448					
b	Less cost or other basis and	664,695					
С	sales expenses Gaın or (loss)	-8,247					
d	Net gain or (los	s)		-8,247			-8,247
8a	Gross income f events (not inc	luding					
	See Part IV, lin	reported on line 1c) e 18 <b>a</b>					
b		penses <b>b</b> (loss) from fundraising	avents :				
c 9a		rom gaming activities					
	See Part IV, lin	e 19 <b>a</b>					
b c		penses <b>b</b> (loss) from gaming acti	vities				
	Gross sales of returns and allo	inventory, less owances .	-				
b	Less cost of g	a oods sold b					
		(loss) from sales of inv	entory				
	Miscellaneous		Business Code	70.005			70.000
11a		ENTS FROM QC	900099	79,382 26,216			79,382
b c	MISCELLANEC	DUS INCOME	500059	20,210			20,210
d	All other reven	ue					
e	Total. Add lines	s 11a-11d		105,598			
12	Total revenue.	See Instructions .	🕨	4,192,691	3,813,507	0	379,184

### Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4	organizations must complete a	ll columns All other organizations m	iust complete column (A )
--	--------------------------------	-------------------------------	--------------------------------------	---------------------------

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	15,724			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	31,429			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	91,780			
5	Compensation of current officers, directors, trustees, and	367,276			
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	307,270			
7	Other salaries and wages	695,982			_
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	169,341			
9	Other employee benefits	134,200			
10 11	Payroll taxes	80,265			
	Fees for services (non-employees)				
a	Management	24.046			
b	Legal	21,816			
с	Accounting	44,500			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	40.000			
f	Investment management fees	18,029			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	37,143			
13	Office expenses	177,948			
14	Information technology	29,395			
15	Royalties				
16	Occupancy	208,475			
17	Travel	40,478			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,423			
20	Interest	175			
21	Payments to affiliates	1,001,260			
22	Depreciation, depletion, and amortization	55,790			
23	Insurance	23,465			
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	PROMOTIONAL EXPS TARGET	680,954			
b	MEMBERS RECREATION	127,538			
c	UNION SPORTING EVENTS	37,482			
d	TRANS TO LEGISLATIVE FD	32,000			_
e	All other expenses	10,002			
25	Total functional expenses. Add lines 1 through 24e	4,209,870			_
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)				
				Fo	orm <b>990</b> (2014)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			300		250
	2	Savings and temporary cash investments			1,346,397	2	1,304,295
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, die employees, and highest compensated employees. Complete Par Schedule L	ectors t II of	, trustees, key		5	
its	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntrıbu <sup>.</sup>	ting employers		6	
assets	7	Notes and loans receivable, net				7	
₫.	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	     562,738			
	Ь	Less accumulated depreciation	10b	407,230	120,529	10c	155,508
	11	Investments—publicly traded securities		<u>'</u>	2,717,754		3,131,314
	12	Investments—other securities See Part IV, line 11			369,270		380,837
	13	Investments—program-related See Part IV, line 11			333,213	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,665,991		1,351,186
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,220,241		6,323,390
	17	Accounts payable and accrued expenses			0,220,241	17	0,323,390
	18	Grants payable		•		18	
	19	Deferred revenue		• •		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus			21	
Tiabili Tiabili		persons Complete Part II of Schedule L				22	
Ĭ	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 relate and other liabilities not included on lines 17-24) Complete Part	2 220	25	4.442		
	]	D		•	2,336		1,443
	26	Total liabilities. Add lines 17 through 25			2,336	26	1,443
n D		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and o	ompiete			
	27	Unrestricted net assets			6,195,108	27	6,321,947
<u>ਨ</u>	28	Temporarily restricted net assets		_	22,797	28	0
<u> </u>	29	Permanently restricted net assets		,	29		
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
O .0	30	Capital stock or trust principal, or current funds				30	
μ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Š	32	Retained earnings, endowment, accumulated income, or other fu				32	
Ž	33	Total net assets or fund balances			6,217,905		6,321,947
Ź	34	Total liabilities and net assets/fund balances			6,220,241		6.323.390

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.1	192,691
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1			4,2	209,870
_		3			-17,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,2	217,905
5	Net unrealized gains (losses) on investments	_			
6	Donated services and use of facilities	5			
Ü	Dollated 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		1	121,221
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6.3	321,947
Par	t XII Financial Statements and Reporting				,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990  Cash  Accrual 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?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493142002135

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Political Campaign and Lobbying Activities** 

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

		s) organizations Complete Part III						
Na	ime of the organization	· · · ·		Employe	er idei	nt if icat	tion numb	er
	FERNATIONAL BROTHERHOOD OF ORKERS LOCAL UNION NO 481	ELECTRICAL		35-028	0040			
Par	t I-A Complete if th	ne organization is exempt und	ler section 501				anizatio	n.
1		the organization's direct and indirect p						
2	Political expenditures	the organization's unect and munect p	ontical campaign ac	.civicies iii r aic i v		<b>.</b>		
3	Volunteer hours			•		→		
	v oranteer nours							
Par	tt I-B Complete if th	ne organization is exempt und	ler section 501	(c)(3).				
1	Enter the amount of any	excise tax incurred by the organization	n under section 495	5	•	\$		
2	Enter the amount of any	excise tax incurred by organization ma	anagers under section	on 4955	<b>!-</b>	\$		
3	If the organization incurr	ed a section 4955 tax, did it file Form	4720 for this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Par	t IV						
Par	tt I-C Complete if th	ne organization is exempt und	ler section 501	(c), except section	on 50	)1(c)	(3).	
1	Enter the amount directl	y expended by the filing organization fo	or section 527 exem	pt function activities	•	\$		0
2	Enter the amount of the feet exempt function activities	filing organization's funds contributed t es	to other organizatior	ns for section 527	<b>F</b>	\$		530
3	Total exempt function ex	penditures Add lines 1 and 2 Enter h	ere and on Form 11	20-POL, line 17b	•	¢		530
4	Did the filing organizatio	n file <b>Form 1120-POL</b> for this year?				→	✓ Yes	 ☐ No
5	organization made paym amount of political contr	ses and employer identification numbeents For each organization listed, ento ibutions received that were promptly a dor a political action committee (PAC	er the amount paid fr nd directly delivered	om the filing organiza d to a separate politica	tion's al orga	funds anızatı	Also ente on, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fr filing organization funds If none, enter	ı's	cont aı dıre	A mount of cributions nd prompt ctly delive eparate po anization enter - C	received ly and ered to a blitical If none,
	IBEW 481 LEGISLATIVE IPAIGN ACCOUNT	1828 N MERIDIAN STREET INDIANAPOLIS,IN 46202	27-3917449		530			32,000
			1					
			1			1		

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa		nization is exempt under section 501(c)(3) and has I ction under section 501(h)).	ТОИ			
	-		( a	1)	(	b)
ror e activ	=	ı below, provide in Part IV a detailed description of the lobbying	Yes	No	Am	ount
1 a		ation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,	ı			
b c	<ul> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> </ul>					
d	Mailings to members, legislators, or t	the public?				
е	Publications, or published or broadca	st statements?				
f	Grants to other organizations for lobb	pying purposes?				
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, co	onventions, speeches, lectures, or any similar means?				
i	Other activities?					
j	Total Add lines 1c through 1i					
2a		organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax					
С	·	incurred by organization managers under section 4912				
		ection 4912 tax, did it file Form 4720 for this year?				
Par		nization is exempt under section 501(c)(4), section !	501(c)	)(5), o	r sec	tion
	501(c)(6).				T v	es No
1	Were substantially all (90% or more)	) dues received nondeductible by members?				es No
2		use lobbying expenditures of \$2,000 or less?				es
3	<del>-</del>	ver lobbying and political expenditures from the prior year?		_ F	3	No
Par	t IIII-B Complete if the organ	nization is exempt under section 501(c)(4), section !				
		er (a) BOTH Part III-A, lines 1 and 2, are answered "	No" C	R (b)	Part I	III-A,
_	line 3, is answered "		1 4 1			
1 2	Dues, assessments and similar amou	unts from members  ng and political expenditures (do not include amounts of political	1			
2	expenses for which the section 527(1					
а	Current year		2a			
Ь	Carryover from last year		2b			
	Total		2c			
3		n 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		on line 2c exceeds the amount on line 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	over to the reasonable estimate of hondeductible lobbying and	4			
5	Taxable amount of lobbying and polit	ical expenditures (see instructions)	5			
Pa	art IV Supplemental Inform	nation				
		: I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Also, complete this part for any additional information	ıp lıst),	Part II-	·A , lıne	s 1 and
	Return Reference	Explanation				
PAR	ŚT.	E LOCAL HAS ESTABLISHED A LEGISLATIVE FUND TO PROVID! ATE, COUNTY AND LOCAL POLITICAL CANDIDATES, POLITICA USES WHICH SHALL BE IN THE UNION'S BEST INTEREST				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493142002135

OMB No 1545-0047

### SCHEDULE D

(Form 990)

Department of the Treasury

#### **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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO 481 35-0289840 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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) 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 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) 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. 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 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	cal Tr	<u>easu</u>	<u>res, or Ot</u>	<u>:hei</u>	' Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	neck	any of t	he follo	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ms			
b	Scholarly research		e	Γ	Othe	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	v the	y furthe	er the o	rganızatıon':	s ex	empt purpose ır	l	
5	During the year, did the organization solicit of									_	_
_	assets to be sold to raise funds rather than t		·						<u>.</u>	Yes	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	I "Y6	es" to Form 9	<del>,</del> 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribu	itions o	r other asse	ets n	ot F	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able						
								_	Am	ount	
С	Beginning balance						_	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						_	le			
f	Ending balance						<u></u>	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow	rcusto	dıal accoun	t lıa	bility? [	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been p	rovided in P	art >	«III		Γ
Pa	t V Endowment Funds. Complete		n ans	wer	ed "Ye						
		(a)Current year	(b)	)Prior	year	<b>b (c)</b> Tv	vo years back	(d)⊺	hree years back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance										
Ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colum	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment -										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	d and a	dmınıstered	for	the		
	organization by	_								Yes	No
	(i) unrelated organizations			•				•	3a(i		
	(ii) related organizations								3a(i	)	<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•	3b		<u> </u>
	t VI Land, Buildings, and Equipme					ı ansıı	iarad 'Vas'	to	Form 990 Day	+ T\/  1	
I GI	11a. See Form 990, Part X, line 1		.110 0	rgar	124 (101	i answ	reieu ies	to	101111 330, 1 41	C I V , II	110
	Description of property				) Cost o		(b)Cost or of basis (othe		(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	and			+							
	Buildings										
	_easehold improvements										
	Equipment						411,	923	361,39	8	50,525
	7 4 h a u		_					815	45,83	-	104,983
			•	- 1			130,	012	15,05	<b>-</b> I	

<b>Part VII Investments—Other Securities.</b> Con See Form 990, Part X, line 12.		·
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) AFL-CIO HOUSING INVESTMENT TRUST	380,837	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	380,837	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>▶</b>	
		Davit IV line 11 d Can Farms 000 Davit V line 15
Part IX Other Assets. Complete if the organization		, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
	ption	, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value  1,351,186
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	ption _DING CORP	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descriction (1) INVESTMENT IN LOCAL UNION NO 481 IBEW BUILD  Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization (a) Descriction (a) Descriction (b) Descriction (b) Part X of the Column (b) must equal Form 990, Part X, col.(B) line 1.	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization (a) Description (b) Part X, line 25.	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, line 25.  (a) Description of liability	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization (a) Description (b) Part X, line 25.	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization form 990, Part X, col.(B) line 1.  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	ption _DING CORP  5.)	(b) Book value  1,351,186

Part	ΧI		evenue per Audited Financia ered 'Yes' to Form 990, Part IV,			ts With Revenue	per R	<b>eturn</b> Complete ıf
1	Tota		support per audited financial statem				1	
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12					
a	Net	unrealized gains (losses) c	on investments		2a			
b	Dona	ated services and use of fa	cılıtıes	. [	2b		1	
c	Reco	veries of prior year grants		. [	2c			
d	Othe	er (Describe in Part XIII )		[	2d		1	
e	Add	lines <b>2a</b> through <b>2d .</b>					2e	
3	Subt	ract line <b>2e</b> from line <b>1</b> .					3	
4	A mo	unts included on Form 990	), Part VIII, line 12, but not on line 1	L				
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b		4a			
b	Othe	er (Describe in Part XIII )			4b			
С	Add	lines <b>4a</b> and <b>4b</b>					4c	
5	Tota	l revenue Add lines <b>3</b> and	<b>4c.</b> (This must equal Form 990, Part	I, line 1	2).		5	
Part	XII		<b>spenses per Audited Financi</b> swered 'Yes' to Form 990, Part I'			nts With Expense	s per	Return. Complete
1	Tota		audited financial statements				1	T
2			not on Form 990, Part IX, line 25		•		<u> </u>	
a			cilities		2a			
b				•	2b			
c		· -		ŀ	2c			
d				<b>.</b>				
e						<u> </u>		
3		-			_		3	1
4			), Part IX, line 25, but not on line <b>1:</b>		•			
a			ded on Form 990, Part VIII, line 7b		4a			
b		•			4b			
c					<del></del>		<sub>4c</sub>	
5			d <b>4c.</b> (This must equal Form 990, Pa	rt I. line	18)		5	
		Supplemental Info		,				
Provi Part \	de the	descriptions required for 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lin lines 2d and 4b, and Part XII, lines					de any additional
	R	eturn Reference	Explana	tion				
PART	X, LIN	E 2	THE LOCAL UNION FILES FORM 9 TAX THE LOCAL UNIONS RETURI REVENUE SERVICE UNTIL THE AI	NISSUE	BJECT	TO EXAMINATION	BY THE	EINTERNAL

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493142002135 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35-0289840 WORKERS LOCAL UNION NO 481 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FLOWERS, BIBLES, AND MEMORIALS	31	0	1,510	COST	FLO WERS
(2) CONTRIBUTIONS FROM HELP FUND (NEEDY MEMBER RELIEF)	156	29,919	0	COST	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
·	THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARDS DUE DILIGENCE THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF DONATIONS AND GRANTS ALL RECORDS REGARDING DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE LOCAL UNION OFFICE							

Schedule I (Form 990) 2014

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DLN: 93493142002135

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or INTERNATIONAL E	ganization	OE ELECTRIC	CAL					E	Employ	er ident	ificatio	n numbe	er	
WORKERS LOCAL		OF ELECTRIC	JAL						35-02	89840				
Part I Exc	ess Benef	it Trans	actions	(section	501(c)(3), s	ection 501(c	)(4), and 501				only)			
				•		Part IV, line			-			40b		
	ne of disquali				nıp between d		(c) Desc						orrected?	
				person	and organiza	tion			<u> </u>				No	
4958 .	amount of ta	 x, ıf any, oı <b>m Intero</b> on answere	n line 2, a ested P	ersons	mbursed by t	squalified per • • • • :he organizati: V, line 38a, o	on	 	· ·	<b>▶</b> \$		anızatıoı	1	
(a) Name of interested person	(b) Relatio with organi		(c) urpose of loan	(d) Loar or from torganizat	the	(e)Original principal amount	(f)Balance (g) due defa			(h) A pprov by boar commit	ved d or	(i)Wrr agreen		
			•	То	From			Yes	No	Yes	No	Yes	No	
	ants or As	sistance ne organi:					art IV, line 2	<b></b> 27.						
perso		(b)Relat	tionship b	oetween l	(c) Amount	of assistance			ustano	e (e)	Purnos	e of aco	sistance	

(1) MICHAEL DONOVAN

Νo

Part IV Business Transactions Involving Interested Persons.									
Complete if the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	ation's				
				Yes	No				

49,818

FAMILY MEMBER

Part V	Supplemental Information							
	Provide additional information for responses to questions on Schedule L (see instructions)							
Re	eturn Reference	E	Explanation					

Schedule L (Form 990 or 990-EZ) 2014

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493142002135

OMB No 1545-0047

2014

Open to Public Inspection

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS LOCAL UNION NO 481

Employer identification number
35-0289840

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL UNION'S GENERAL MEMBERSHIP IS COMPRISED OF INDIVIDUALS WHO HAVE EXECUTED A WRITT EN APPLICATION FOR MEMBERSHIP, HAVE TENDERED THE APPROPRIATE INITIATION FEES AND HAVE BEEN ACCEPTED INTO THE LOCAL
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS WITH VOTING RIGHTS AND CURRENT IN THEIR DUES PAYMENTS ARE ELIGIBLE TO VOTE FOR IND IVIDUALS WHICH COMPRISE THE OFFICERS (THE GOVERNING BODY) OF THE LOCAL UNION
FORM 990, PART VI, SECTION A, LINE 7B	THE GENERAL MEMBERSHIP APPROVES CHANGES TO THE GOVERNING DOCUMENTS ALONG WITH SIGNIFICANT DECISIONS MADE BY THE EXECUTIVE BOARD OF THE LOCAL UNION (GOVERNING BODY)
FORM 990, PART VI, SECTION A, LINE 8B	THE LOCAL DOES NOT HAVE A SEGREGATED COMMITTEE WHICH ACTS ON BEHALF OF THE EXECUTIVE BOARD (GOVERNING BODY)
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 HAS BEEN PROVIDED TO THE ENTIRE EXECUTIVE BOARD (THE GOVERNING BODY) FOR THE! R REVIEW THE SIGNING OFFICER OF THE LOCAL UNION REVIEWS THE FORM 990 BEFORE SIGNING AND F ILING THE RETURN
FORM 990, PART VI, SECTION B, LINE 15	SALARY POLICIES ARE SET IN ACCORDANCE WITH THE BYLAWS SALARIES ARE ANNUALLY REVIEWED AND APPROVED BY THE EXECUTIVE BOARD
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE LOCAL UNION OFFICE
FORM 990, PART XI, LINE 9	INCREASE IN EQUITY IN BUILDING CORP 121,221

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493142002135

2014

Open to Public Inspection

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO 481 Employer identification number

35-0289840

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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

( <b>a)</b> Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	(T) Direct controlling entity	g Section 51 (13) contr entity	
						Yes	No
1828 N MERIDIAN STREET INDIANAPOLIS, IN 46202	TO HOLD TITLE TO PROPERTY USED BY LOCAL UNION	IN	501(C)2		NOT APPLICABLE	Yes	
35-1911009	<del> </del>				<del> </del>	₩	<b></b>
1828 N MERIDIAN STREET	CONTRIBUTIONS FOR POLITICAL CANDIDATES AND POLITICAL ORGANIZATIONS	IN	527		NOT APPLICABLE		No
INDIANAPOLIS, IN 46202 27-3917449							

Yes No

Yes

No

(a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr	Part III	<b>Identification of Related Organizations Taxable as a Partnership</b> 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.										
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	<b>(k)</b> Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

No

Dort V	Transactions With Related Organizations	Complete if the organization answered	"Voc" on Form 000	Dart IV line 24 25h or 26
Palt V	Transactions with Related Organizations	Complete if the organization answered	res diffulli 990,	Part IV, line 34, 330, or 30.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	а				
1. 0.0	_				

- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LOCAL UNION NO 481 IBEW BUILDING CORP	К	206,093	CASH PAID
(2) LOCAL UNION NO 481 IBEW BUILDING CORP	S	436,026	CASH RECEIVED
(3) LOCAL UNION NO 481 IBEW BUILDING CORP	S	-314,805	DECREASE IN EQUITY OF BLDG CORP

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	Il partners Share of Share of ection total end- 1(c)(3) Income as		(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									$\Box$	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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