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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā		e 2014 calendar year, or tax year beginning	and ending				
В	Check i applica	C Name of organization			D Emp	loyer i	dentification number
	\neg	ress change INDIANA IBEW CONSTRUCTION					
	\neg	ne change CONFERENCE			3!	5-2	047925
		Number and street (or P.O. box, if mail is not delivered to street address)	Ro	om/suite			number
Ē	Fina	return/ 1828 N. MERIDIAN STREET				•	923-2596
	_	City or town, state or province, country, and ZIP or foreign postal code		— i			mption
	Annin	cation pending INDIANAPOLIS, IN 46202				iber 🕨	•
G		nting Method. X Cash Accrual Other (specify)					X if the organization is
		ite: ► N/A					ed to attach Schedule B
		xempt status (check only one) $-$ 501(c)(3) \times 501(c) (5) \rightarrow (insert no.)	4947(a)(1) or	527		•	, 990-EZ, or 990-PF).
_			Other		(1.01	111 330	, 330-12, 01 330-1 1).
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o		ets (Part I			
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	i more, or il total ass	ocia (i ai i i	', •	▶ \$	52,620.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see	the instru	ctions t		1 I)
ـــا		Check if the organization used Schedule O to respond to any question in this Part I			0110110		X
_	1	Contributions, gifts, grants, and similar amounts received			T	1	
7287	2	Program service revenue including government fees and contracts			ŀ	2	
2015	3	Membership dues and assessments			-	3	52,620.
7	4	Investment income			}	-	32,020.
=	1		1 - 1		-	4	
	Ι.	Gross amount from sale of assets other than inventory	5a			J	
	b	· · · · · · · · · · · · · · · · · · ·	5b				
≘	C	(,	-	5c			
		6 Gaming and fundraising events					
Revenue	a	Gross income from gaming (attach Schedule G if greater than					
5 5	Ι.	\$15,000)	6a				
Z.O	0	Gross income from fundraising events (not including \$	of contributions		1		
2.	ì	from fundraising events reported on line 1) (attach Schedule G if the sum of such			- 1		
¢"		gross income and contributions exceeds \$15,000)	6b				
	C	, ,	6c			- 1	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract line 6c)		L	6d	
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less: cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule O)				8	
_	9	Total revenue. Add lines 1, 2, 3 4, 5c, 6d grand 8-1)			▶ [9	52,620.
	10	Grants and similar amounts paid (list in Schedule 0)-1 VED SE	E SCHEDUL	ΕO		10	10,000.
	11	Benefits paid to or for members Q			Γ	11	
es S	12	Salaries, other compensation, and employed benefits 2015 Professional fees and other payments to independent contractors			Γ	12	
Expense	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance				13	4,941.
×	14					14	
Ш	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, land shipping DEN, UT			T	15	
	16		E SCHEDUL	ΕO	r	16	23,520.
	17	Total expenses. Add lines 10 through 16				17	38,461.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			- †	18	14,159.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Ase	1	(must agree with end-of-year figure reported on prior year's return)				19	82,351.
et	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.
~	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ ↑	21	96,510.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions					Form 990-F7 (2014)

432171 12-15-14 12

Don't II Dolono Choote (and the instructions for Don't II)			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to res	oond to any questic			
	L	(A) Beginning of year		End of year
22 Cash, savings, and investments	L	82,351	22	96,510.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)		_	24	
25 Total assets		82,351	25	96,510.
26 Total liabilities (describe in Schedule O)		0 .	26	0.
	-	82,351	27	96,510.
Part III Statement of Program Service Accomplishment	nts (see the instruc		<u> </u>	xpenses
Check if the organization used Schedule O to res	•	•	(Require	d for section
What is the organization's primary exempt purpose? ENCOURAGE WORK) and 501(c)(4) ions; optional for
			others.)	ions, optional to
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		ses in a clear and concise		
28 TO ENCOURAGE WORKERS AND OTHERS TO	DECTOTED AND	<u> </u>		
THEREBY EXERCISING THEIR FULL RIGHT				
AS CITIZENS.	S MND KESPON	SIDIUITIES		
			<u> </u>	
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	28a	
29				
·				
(Grants \$) If this amount includes foreign of	rants, check here	•	29a	
30	· · · · · · ·			
			_	
			_	
(Grants \$) If this amount includes foreign of	rante check here		30a	
31 Other program services (describe in Schedule O)	rants, check here			
			a,a	
(Grants \$) If this amount includes foreign of	rants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	
				
Part IV List of Officers, Directors, Trustees, and Key E			ee the instructions	for Part IV)
	ond to any questic	on in this Part IV		
Part IV List of Officers, Directors, Trustees, and Key E	ond to any questic	on in this Part IV	(d) Health benefits	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E	oond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title	ond to any questic	(c) Reportable compensation (Forms	(d) Health benefits contributions to	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	oond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title	oond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title SEAN SEYFERTH	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to the companization used Schedule O to respond to the companies of the compan	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible to the organization used Schedule O to responsible	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation 0.
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation 0.
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit tolans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .
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Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .
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Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 0 0
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Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .
Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits contributions to employee benefit loans, and deferred compensation	(e) Estimated amount of other compensation 0 . 0 .

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Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			_
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Fart		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		163	140
00	activity in Schedule 0	33		x
34	·	 		
٠.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			v
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	┨ ╹		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A	┨		
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 '		
404	section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
·	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed > IN			
42 a	The organization's books are in care of ►MIKE COMPTON Telephone no. ► 317-92			
	Located at ► 1828 N. MERIDIAN STREET, INDIANAPOLIS, IN ZIP+4 ► 4	620	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No X
	account)?	42b	_	
	If "Yes," enter the name of the foreign country:			1
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	х
Ü	If "Yes," enter the name of the foreign country:	720	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		_	
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d	L	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45.		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00.55	(0011
4321	73	Form 9	An-F7	(2014)

Form 990-EZ (EW CONSTRUCTI	ON			35-20479	125	f	Page 4
	CONFERENCE					<u> </u>			No
	organization engage, directly or indirect or complete Schedule C, Part I	ectly, in political campaign act	tivities on behalf of or	in opposition	on to candidates for pi	ublic office?	46	x	
	Section 501(c)(3) organi	zations only							
	All section 501(c)(3) organization	•	· ·	•	te the tables for line	s 50 and 51.			
	Check if the organization used	Schedule O to respond to	any question in thi	s Part VI	_ 	··		Yes	No
47 Did the d	organization engage in lobbying activ	itiae or hava a eaction 501/h)	election in effect duri	ing the tay i	oar? If "Vec " complete	2 Sch C Part II [47	165	140
	ganization a school as described in s				ear ii 163, compicu	, oun. o, r art ii [48		\vdash
	organization make any transfers to ar		•		•		49a		
	was the related organization a section	-	•				49b		
	e this table for the organization's five		•	ers, directo	rs, trustees and key er	nployees) who ea	ch rece	ived r	more
than \$10	0,000 of compensation from the org				1 (-)	(4)	7 (2)	Fat.m.	
	(a) Name and title of each	employee	(b) Average per week de		(C) Reportable compensation (Forms	(d) Health benefits contributions to employee benefit	amou	Estima unt of	
		N/A	position		W-2/1099-MISC)	plans, and deferred compensation	com	pensa	ation
									
							<u> </u>		
			_		}		1		
		· · · · · · · · · · · · · · · · · · ·			 		╄		
)]		
							 		
			_						
					_L	L	┸-		
organizat	e this table for the organization's five tion. If there is none, enter "None." Name and business address of each	N/A	indent contractors with) Type of service		Compen		
	· · · · · · · · · · · · · · · · · · ·								
	 			· . —		- -			
	nber of other independent contractor rganization complete Schedule A? N			h a	-			_	
	d Schedule A	ote All Section 50 1(c)(5) orga	anizations must attac	II a		▶ [Yes		□No
	s of perjury, I declare that I have exam	mined this return, including a	companying schedu	les and stat	ements, and to the be	st of my knyowled			
true, correct, a	nd complete. Declaration of preparer	(other than officer) is based (on all information of v	whi <u>ch</u> prepa	irer has any knowledg	<u>e.</u>			
	Signature of officer	-DZ				Date 7 - 2	7-	15	
Sign Here		YECTDEN'E				- L			
	MIKE COMPTON, I	RESIDENT							
	Print/Type preparer's name	Preparer's signatu	ıre	Date	Check	if PTIN			
Paid		, , ,		SIM	self- employ	yed			
Preparer	TIMOTHY LAKIS	TIMOTHY I		718		P008			
Use Only	Firm's name ► LEGACY I					▶ 32-004			
•	Firm's address ► 222 INI		' - ')3	Phone no.	219-836	<u>-10</u>	65	
May the IDC de	SCHEREI Scuss this return with the preparer sl	RVILLE, IN 463				► To	Yes		7
may the mo us	sease tine return with the preparer St	TOWN ADOVE ! DEC MISH DELIDINS					orm 990	D-E7 (<u>No</u> (2014)
						•			1

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SCHEDULE C (Form 990 or 990-EZ)

(1 0.... 000 01 000-22

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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, line 35c (Proxy Tax) (see separate instructions), then

		NT.	Empl	over identification number
)N	Embi	_
Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization INDTANA IBEW CONSTRUCTION CONFERENCE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Did the filing organization file Form 1120-POL for this year? Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? The the amount of the filing organization funds Also enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.				
Provide a description of the organi Political expenditures	INDIANA IBEW CONSTRUCTION CONFERENCE TOTAL TREE TO THE TOTAL TREE TO TOTAL TREE TOTAL T			
Part I-B Complete if the or	ganization is exempt unde	r section 501(c)(3	3).	
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	•	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶ \$	
•	on 4955 tax, did it file Form 4720 fo	or this year?		
				└── Yes
Part I-C Complete if the or	nanization is exempt unde	r section 501(c)	except section 5010	c)(3).
	· · · · · · · · · · · · · · · · · · ·	· ·		
		o. ga. n.zat. o. lo ve.	▶ \$	
•	s Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
line 17b			▶\$	
4 Did the filing organization file Form	1120-POL for this year?	-		└── Yes └── No
made payments For each organize contributions received that were p	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organiza separate political orga	ation's funds Also enter th nization, such as a separa	ne amount of political
(a) Name	(b) Address	(c) EIN		contributions received and
			funds. If none, enter -0	delivered to a separate political organization.
INDIANA I.B.E.W.				
CONSTRUCTION CONFE	46202	35-2047925	0.	22,000.
		-		

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Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14 SEE PART IV FOR CONTINUATION

INDIANA IBEW CONSTRUCTION

Schedule C (Form 990 or 990-EZ) 2014 C			- FV1(-//V) 1 411	35~3	2047925 Page 2
Part II-A Complete if the orga section 501(h)).	nization is exe	empt under section	on out (c)(3) and file	ea Form 5/68 (election under
	on belongs to an at	filiated group (and list i	n Part IV each affiliated	group member's na	me address FIN
expenses, and share			THE ATTIV CACH ATMIACCO	group member 3 nai	nic, address, Env,
, r—n	, ,	and "limited control" pr	ovisions annly		
Limits	on Lobbying Exp	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expendit	ures" means amo	ounts paid or incurred	.)	totals	
1a Total lobbying expenditures to influe	nce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influe	nce a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)		_		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1	ld)			
f Lobbying nontaxable amount Enter	the amount from t	he following table in bo	th columns		
If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000	20% o	f the amount on line 1e	e		
Over \$500,000 but not over \$1,000,0	\$100,0	000 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,500	0,000 \$175,0	000 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	00,000 \$225,0	000 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000	0,000			
g Grassroots nontaxable amount (ente	r 25% of line 1f)			_	
h Subtract line 1g from line 1a If zero	or less, enter -0-				. <u></u>
i Subtract line 1f from line 1c If zero c	or less, enter -0-				
j If there is an amount other than zero	on either line 1h o	r line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes Me
(Some organizations tha	t made a section	veraging Period Under 501(h) election do not rate instructions for li	have to complete all c	of the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b 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))					
f Grassroots Jobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 CONFERENCE 35 – 204792

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

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(t	o)
	e lobbying activity	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				:
а	Volunteers?	L			'
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			_	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)	(5)	- 4.7	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	_	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	E047 V	3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical	İ		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year .		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
ınstr	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grounctions), and Part II-B, line 1. Also, complete this part for any additional information. $\mathbf{RT} \mathbf{I} - \mathbf{A}$, $\mathbf{LINE} 1$:	p list); Part I	I-A, lines 1 a	and 2 (see	<u>-</u>
THE	E INDIANA I.B.E.W. CONSTRUCTION CONFERENCE POLITICA	L_ACT	ON CO	MMITT	EE
IS	A SECTION 527 PAC FUND ESTABLISHED BY THE ORGANIZA	ATION.	THE	PURPOS	SE
OF	THE FUND IS TO PROVIDE SUPPORT TO STATE AND LOCAL	POLIT	ICAL		
CAI	NDIDATES WHOSE IDEALS ARE CONSISTENT WITH THOSE OF	THE O	RGANIZ	ATION	

INDIANA IBEW CONSTRUCTION

Schedule C (Form 990 or 990-EZ) 2014 CONFERENCE Part IV Supplemental Information (continued)	35-2047925 Page 4
Part IV Supplemental Information (continued)	
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMAT	TION:
INDIANA I.B.E.W. CONSTRUCTION CONFERENCE POLITICAL ACTION	COMMITTEE
1828 N. MERIDIAN STREET INDIANAPOLIS, IN 46202	
	_
	<u>-</u>
	· · · · · · · · · · · · · · · · · · ·

432044 10-21-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

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

CONFERENCE

Employer identification number 35-2047925

	2017323
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: INDIANA STATE AFL-CIO	
GRANTEE ADDRESS: 1701 W. 18TH STREET INDIANAPOLIS, IN 46202	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	10,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRANSFER TO PAC FUND	22,000.
MEMBERSHIP FEE	25.
MEETING AND CONFERENCE	1,195.
ADMINISTRATIVE FEE	300.
TOTAL TO FORM 990-EZ, LINE 16	23,520.
	-
	
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Schedule O (Form 990 or 990-EZ) (2014)