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For the 2014 calendar year, or tax year beginning

C Name of organization

Doing business as

SALT LAKE CITY

501(c)(3)

F Name and address of principal officer

2261 SOUTH REDWOOD ROAD

X 501(c) (5

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

City or town, state or province, country, and ZIP or foreign postal code

MIKE MCDONALD 2261 S REDWOOD ROAD SALT LAKE CITY UT 84119

) (insert no)

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Final return/terminated

Application pending

Amended return

Tax-exempt status

Website: ►

Name change

Initial return

 \Rightarrow

ALK

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Return of Organization Exempt From Income Tax

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

UTAH BUILDING AND CONSTRUCTION TRADES

2014, and ending

UT

4947(a)(1) or

Room/suite

84119

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No 1545-0047 2014

Open to Public Inspection

Yes

D Employer Identification number

(801) 972-5714

G Gross receipts \$ 154,203.

87-0118999

Telephone number

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

'No,' attach a list (see instructions)

H(b) Are all subordinates included?

H(c) Group exemption number

X Corporation Form of organization Trust Other > 1902 M State of legal domicile Association L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE UNION SAFETY TRAINING TO COORDINATE AND HARMONIZE THE ACTIVITIES, FUNCTIONS AND INTERESTS Activities & Governance OF THE AFFILIATED LOCAL UNIONS AND TO PROMOTE THE GROWTH AND DEVELOPMENT OF ALL LOCAL BUILDING AND CONSTRUCTION UNIONS. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b) . . 24 Total number of individuals employed in calendar year 2014 (Part V, line 2a)) 5 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 72 0. MAR. 8 0. 2015 b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h).......... DE 166, 72-7 154,187. Revenue 10 49 16. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 166,776. 154,203. 51.710. 49,222. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 30,181 31,844. b Total fundraising expenses (Part IX, column (D), line 25) ► 62,040 67,938. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,931 149,004. 5,199. 22,845. End of Year **Beginning of Current Year** 20 204,743. 209,929. 21 1,712. 1,699. Net 203,031. 208,230. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Muhael & mcvonole Signature of office Date March 31, 2018 Sign Here MIKE MCDONALD Type or print name and titl Print/Type preparer's name Date Check Paid Roy Rasmussen CPA 3/23/15 self-employed P00224189 Preparer Firm's name ROY RASMUSSEN **Use Only** Firm's address 575 East 4500 South B220 Firm's EIN ► 87-0421326

485-8810

Form 990 (2014)

No

(801)

SALT LAKE CITY

Phone no

84107

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		 	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	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	11 c		Х
	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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	111		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		х
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		Х
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		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	}	

ΓŒ	t 19 Checklist of Required Schedules (Continued)			
	•		Yes	No
21	bid 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	Х	
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		х
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? If 'Yes,' complete Schedule J	23		Х
24	a 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		Х
	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		
25	a 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		
1	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	<u> </u> 	
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		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	İ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
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		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	х	

BAA

Form 990 (2014)

87-0118999 Form 990 (2014) UTAH BUILDING AND CONSTRUCTION TRADES Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 0 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х **4** a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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) Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............ 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Χ b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 h Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?....... 9 b 10 Section 501(c)(7) organizations. Enter. 10 a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 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? 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13 b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Х

14 a

14b

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 27 1 a 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. 24 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 Х X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a Χ 8 b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Νo Χ 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Χ 14 Х 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? 15 a Х 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records 2261 S REDWOOD ROAD SALT LAKE CITY (801) 972-5714

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

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

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

Check this box if neither the organization nor any relai	ed organ	zatio	n co			ted a	ny d	current officer, dire	ctor, or trustee.	·
				(C)						
(A) Name and Title	(B) Average hours per	thar	one it s both dire	box, u an of ector/	ınless	ck mor s perso and a ee)	re on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any nours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RICK CLARK	3.00					[
DELEGATE		X				<u> </u>	_	0.	0.	0.
(2) CASEY TIBBS	3.00									
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(3) RICH CARR	_3.00	1								
DELEGATE		X				ļ		0.	0.	0.
_(4)_RUSSELL_LAMOREAUX DELEGATE	_3.00	X						0.	0.	0.
(5) DAVID JOSEPH	3.00						1			
DELEGATE	7	X	1		Ì	ĺ		0.	0.1	0.
(6) MIKE MCDONALD SECRETARY/TREASURER/DELEGATE	_3.00	X		Х				0.	0.	0.
(7) BOB NELSON	3.00	1			ļ —					
DELEGATE		X]		0.	0.	0.
(8) DIANE LEWIS DELEGATE	_3.00	х						0.	0.	0.
(9) BRANDON DEW	3.00	1			_	 				<u></u>
DELEGATE	7	X			ŧ	1		0.	0.	0.
(10) BRANDT GOBLE	3.00	1					1			
DELEGATE	1	Х				ł		0.	0.	0.
(11) KEVIN COTE	3.00	\top								
VICE PRESIDENT/DELEGATE	-	X		Х	1	}	1	0.	o.'	0.
(12) MOISES RUIZ	3.00	1			_					
DELEGATE	7	X	[]			,	(0.	0.	0.
(13) JOHN WADLOW	3.00	\Box	П							
DELEGATE		X		Х				0.	0.	0.
(14) SAM JOHNSON	3.00	Γ								
DELEGATE		X					1	0.	0.	0.
RΔΔ	75540				_		_		·	Farm 000 (2014)

Part VII Section A. Officers, Directors, Tru	(B)	ley	<u></u>)	cs,	ann	u mgnest oon	I Dettouted Empl	<u>.,</u>	<u> </u>	
(A) Name and title	Average hours per week	box	unle cer a	heck ss pe nd a c	rson i directo	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	amou	(F) timated nt of oth tensation	er n
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the nization related nization	1
(15) KRISTOPHER WINGET DELEGATE	3.00	x						0,	0.			0.
(16) JIM JACKETTA	3.00	+	T		-	<u> </u>	-	<u> </u>				
DELEGATE		X	_	_	<u> </u>	<u> </u>	<u> </u>	0.	0.			0.
(17) DAN_WALKER DELEGATE	- <u>3.0</u> 0	X						0.	0.			Ο.
(18) MANYA BLACKBURN DELEGATE	3.00	x						0.	0.			0.
(19) BRANDI MORRIS	3.00	X					\vdash					
DELEGATE (20) DANETTE BOSWELL DELEGATE	3.00		-	-	-			0.	0.			0.
(21) ROY ADAMS	3.00			_		-						
DELEGATE (22) HUMBERTO AMAYA	3.00			_	-	-		0.	0.			0.
DELEGATE (23) ROBERT PATTERSON	3.00	X	-	-			-	0.	0.			_0.
DELEGATE DELEGATE	- 12:00	X			_			0.	0.			0.
(24) JOHN STEVENSON DELEGATE	_ 3.00	X			ļ			0.	0.			0.
(25) TONY ERICKSON	3.00	X								_		
DELEGATE 1 b Sub-total		A	<u> </u>	<u> </u>	J	L	 	0.	0.			<u>0.</u>
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c)							>	0.	0.			0.
2 Total number of individuals (including but not limite from the organization ►	d to those	listed	abo	ove)	who	rece	eive	d more than \$100,	000 of reportable com	pensat	ion	
Tom the Organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i.	r, or trustee ndividuai	e, key	/ em	ploy • •	/ee,	or hi	ghe	st compensated en	nployee	. 3	,	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150.	000?	' If 'Y	'es'	com	olete	Sci	hedule J for				,
5 Did any person listed on line 1a receive or accrue of	compensat	ion fr	om a	any	unre	lated	dore	anization or indivi	dual	4		X
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	complete S	chec	lule	J foi	suc	h pe	rsor	1		. 5		X
Complete this table for your five highest compensa compensation from the organization. Report compe	ted indepe	nden	t col	ntra	ctors	that ar en	rec	erved more than \$	100,000 of organization's tax ver	ar.		
(A) Name and business addr								(B Description of)		C) nsatio	n
Total number of independent contractors (including	hut not lin	utad	to #	1050	liet-	od ob	101/0) who recould me	re than			
\$100,000 of compensation from the organization	► DUCTION	med		.038	ust	5U 80	ove	y who received mo	ie tilali			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (B) (C) (D) Total revenue Related or Unrelated Revenue 31/4 exempt business excluded from tax revenue under sections function revenue 512-514 Grants Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b 93,708 1 c c Fundraising events Contributions, Gifts, d Related organizations 1 d e Government grants (contributions) . . 1 e 49,079 f All other contributions, gifts, grants, and and Other similar amounts not included above . . <u>11,40</u>0 g Noncash contributions included in lines 1a-1f Ŝ h Total. Add lines 1a-1f Program Service Revenue **Business Code** 2 a b f All other program service revenue . . g Total. Add lines 2a-2f Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds . . . Royalties........ (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including..\$ of contributions reported on line 1c). See Part IV, line 18. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 154,203 0 0 16

Part IX | Statement of Functional Expenses

Do r 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,222.	49,222.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			, ,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			a the production	1
4	Benefits paid to or for members			100	,
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,720.	18,720.	·	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,936.	4,936.		
9	Other employee benefits	6,620.	6,620.		
10	Payroll taxes	1,568.	1,568.		
11	Fees for services (non-employees):		1,308.	 	
	Management				
	Legal	1,903.	1,903.		
	Accounting	2,075.	2,075.		
	Lobbying	2,0,0.	2,013.		
	Professional fundraising services See Part IV, line 17		,	111	
	Investment management fees		·		
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	661.	661.		
13	Office expenses	2,420.	2,420.		
14	Information technology				
15	Royalties				
16	Occupancy	10,914.	10,914.		
17	Travel	947.	947.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,481.	2,481.		
20	Interest				
21	Payments to affiliates	1,000.	1,000.		
22	Depreciation, depletion, and amortization	2,311.	2,311.	· · · · · · · · · · · · · · · · · · ·	
23	Insurance	1,269.	1,269.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses	The second se		10 to	
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e			C 20 5	
	expenses on Schedule O.)	11 11		1000	1
а					
b	'				
С					
d					
	All other expenses	41,957.	41,957.		
	Total functional expenses Add lines 1 through 24e	149,004.	149,004.		
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)	}			

and complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ► X

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

87-0118999 Form 990 (2014) UTAH BUILDING AND CONSTRUCTION TRADES Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 12,043. 39,365 2 2 68,669 56,222. Savings and temporary cash investments 3 3 557. 0. 4 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 R 8 Prepaid expenses and deferred charges . . 9 10 a 104. 274 10 b 16,904 55,182 10 c 49.092 Investments - publicly traded securities 11 Investments - other securities, See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 79,248 92,572. Total assets. Add lines 1 through 15 (must equal line 34) 16 204,743 16 209,929 17 17 1,712 1,699. 18 Grants payable............ 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, n chairte na h-Indianaic key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 699 712 26 Organizations that follow SFAS 117 (ASC 958), check here and complete 11 Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34.

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208,230.

208,230.

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203,031

203,031

204.743

Forr	n 990 (2014) UTAH BUILDING AND CONSTRUCTION TRADES 87	-0118	3999		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	'Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	15	4,2	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2		14	19 , 0	04.
3	Revenue less expenses. Subtract line 2 from line 1	3			5,1	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	20	03,0	31.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	İ			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1			
_	column (B)).	10	<u> </u>	2(08,2	<u> 230.</u>
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		. 	<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		{			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	ın Schedule O.		Ì		4. 20	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		\cdots 1	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а	1	j		ĺ
	separate basis, consolidated basis, or both:		1	1	_	1
	Separate basis Consolidated basis Both consolidated and separate basis		}	}	İ	i
	b Were the organization's financial statements audited by an independent accountant?		[2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		ľ			!
	basis, consolidated basis, or both.		ļ	_ , [
	Separate basis Consolidated basis Both consolidated and separate basis		þ	· .		- '
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt,	ľ	2 c		1
	·		· · · }	-26		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1	1		1
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single)	1			1
	Audit Act and OMB Circular A-133?			3 a		X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required		}	1		ł
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3 b		
BAA	·			Form	990 (2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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 it Instructions is at www.irs.gov/form990.

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 instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section	501(c)(4), (5), or (6) org	anızatıons: Complete Part III.			
Name	of organia	zation			Employer Identifica	tion number
UTA	AH BU	ILDING AND CON	STRUCTION TRADES		87-011899	
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provid	le a description of the or	ganization's direct and indirect political camp	aign activities in Part IV	1.	
3	Voluni	teer hours	<u> </u>		<u></u>	
Par	t I-B∤	Complete if the or	rganization is exempt under secti	on 501(c)(3).		
1	Enter	the amount of any excis-	e tax incurred by the organization under secti	on 4955	▶\$	
2	Enter	the amount of any excis	e tax incurred by organization managers und	er section 4955		
			section 4955 tax, did it file Form 4720 for this			
4 a	Was a	correction made?				Yes No
L	If 'Yes	,' describe in Part IV.				
Par	t I-C	Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
			ended by the filing organization for section 52			
2	Enter	the amount of the filing o	organization's funds contributed to other orga	nizations for section 52	27 exempt	
						
3	Total of	exempt function expendi b	tures Add lines 1 and 2. Enter here and on F	orm 1120-POL, 		
4	Did th	e filing organization file	Form 1120-POL for this year?			· · · Yes No
5	organi	zation made payments. nt of political contribution	nd employer identification number (EIN) of al For each organization listed, enter the amous is received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing o	rganization's funds. Also Jolitical organization, suc	enter the
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)						
(2)						
(3)		i				
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 20	014UTAH BUILDI	NG AND CONSTRUCT	ION TRADES	87-01 <u>1</u>	8999 Page 2
Part II-A Complete if section 501	the organization	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	lection under
A Check ► If the filir	ng organization belong	gs to an affiliated group (and	list in Part IV each affil	ated group member's nan	ne,
address	, EIN, expenses, and	share of excess lobbying ex	penditures).		
B Check ► I If the filing	ng organization check	ed box A and 'limited contro	l' provisions apply		
(The term	Limits on Lobbyi n 'expenditures' mea	ng Expenditures ns amounts pald or Incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence public	opinion (grass roots lobby	ing)	1	
b Total lobbying expenditu	ures to influence a legi	slative body (direct lobbying	a)		
c Total lobbying expenditu	ures (add lines 1a and	1b)	··	,	
d Other exempt purpose e	expenditures	· · · · · · · · · · · · · · · · · · ·			
e Total exempt purpose e	xpenditures (add lines	1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the amou	nt from the following table in	1 		
If the amount on line 1e, co	lumn (a) or (b) is	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e		, ,	
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			1
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000	Sanda Maria de mara	1
Over \$17,000,000		\$1,000,000			1
g Grassroots nontaxable a	amount (enter 25% of	line 1f)			
section 4911 tax for this	year?	line 1h or line 1i, did the or 	Inder Section 501(h)	complete all of the five	Yes No
		s below. See the instructi ying Expenditures During	·	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount	,				
b Lobbying ceiling amount (150% of line 2a, column (e))			. 10		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		A STATE OF THE STA	All the second s	in the state of th	
f Grassroots lobbying expenditures					
ВАА				Schedule C (Form	1 990 or 990-EZ) 2014

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)).

'(election under section so (in)).	(a	1)	(b)	_
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
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.	y lawas	park approximate		1	
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			····	1 7 87 880 800	
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 				
I Other activities?	ļ	1			
] Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		,			
b If 'Yes,' enter the amount of any tax incurred under section 4912	1,1				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1	}			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1000				
	1/->/5>				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	I(C)(D)	, or			
0001101100110011				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				x	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
					X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50' (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A,	line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		prior de la			
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c	•		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
1931-931-9 411-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-		: 1			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		4 5			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

UTAH BUILDING AND CONSTRUCTION TRADES 87-0118999 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . . . 2 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 No 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? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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, No 6 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) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ 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:

▶ \$

Part III Organizations Mainta	ining Colle	ections of	Art, Histo	orical Tre	asures, or	Othe	r Similar Ass	ets (co	ontinu	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	n, accession,	and other red	cords, check	any of the fo	ollowing that a	ire a sig	nificant use of its	collecti	on	
a Public exhibition			d Loan	or exchange	programs					
b Scholarly research			e Other							
c Preservation for future general	tions									
4 Provide a description of the organi Part XIII.	zation's collec	tions and ex	plain how the	ey further the	e organization	's exem	npt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be mainta	ained as part	of the organ	ızation's coll	ection?			Yes		No
Part IV Escrow and Custodia line 9, or reported an a	mount on F	nents. Co form 990,	mplete if the Part X, line	he organiz e 21.	zation answ	vered	Yes to Form	990, P	'aπ ιν 	,
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian,	or other inte	rmediary for	contributions	s or other asse	ets not i	included	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the	e following ta	able						
								Amount		
c Beginning balance							С			 .
d Additions during the year							d			
e Distributions during the year							е			
f Ending balance						. 1	f			
2 a Did the organization include an am	ount on Form	990, Part X,	line 21, for e	escrow or cu	istodial accou	nt liabil	ity?	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII. Ch	eck here if th	e explanatioi	n has been p	provided in Pa	ırt XIII .			[]
 										
Part V Endowment Funds. C	omplete if	the organi	zation ans	wered 'Ye	es' to Form	990, I	Part IV, line 1	0		
	(a) Current	year	(b) Prior year	r (c)	Two years back	(d)) Three years back	(e) F	our years	back
1 a Beginning of year balance								İ		
b Contributions										
c 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								7		
2 Provide the estimated percentage	of the current	year end bal	ance (line 1g	g, column (a)) held as:					
a Board designated or quasi-endowr	ment -		90							
b Permanent endowment ►	9	5								
c Temporarily restricted endowment	>	્ર								
The percentages in lines 2a, 2b, a	nd 2c should e	equal 100%.								
3 a Are there endowment funds not in	the persection	n of the orac	nization that	t ara hald an	d administers	d for th	•			
organization by.	tile possessic	in or the orga	inization that	i are neiu an	a aummistere	u ioi ui	E	Γ	Yes	No
(i) unrelated organizations				<i>.</i> .				. 3a(i)		
(ii) related organizations	<i>.</i>							. 3a(ii)		
b If 'Yes' to 3a(II), are the related org	anizations list	ed as require	ed on Schedi	ule R?				. 3b		 -
4 Describe in Part XIII the intended to		•						1 (·
Part VI Land, Buildings, and					·					
Complete if the organiz			to Form 9	990, Part I	V, line 11a.	. See	Form 990, Pa	rt X, lir	ne 10.	
Description of property	-	(a) Cost or o		(b) Cost	or other (other)	(c) A	accumulated preciation	(d) E	Book va	lue
1a Land		, , , , , , , , , , , , , , , , , , , ,			4,065.		-		4	065.
b Buildings					32,886.		23,835.			051.
c Leasehold improvements						.,				
d Equipment					67,323.		31,347.		35	976.
e Other					<u> </u>					<u> </u>
Total. Add lines 1a through 1e. (Column		<u> </u>	Part X colu	mn (R) line	10c)				10	092.
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(c)			
(D)			
(E) 			
<u>(F)</u>			
(G)	 _		
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)▶ Part VIII Investments — Program Related.			
Complete if the organization answered (a) Description of investment type	Yes' to Form 990,	Part IV, line 11c. See Form 990, Part IV, line 11c. See Form 990,	
	(b) Book value	(c) Method of Valuation Cost of end-c	n-year market value
(1)		 	
(2)	 	 	
(3)	 	 	
(4)	 		
(5)	 	 	
(6)	 	 	·
(7)	 	 	
(8) (9)	 	 	
(9)		1	
	 		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) • Part IX Complete if the organization answered (a) De	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I	Yes' to Form 990, scription		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX: Other Assets. Complete if the organization answered (a) December 1. (1) UTAH LABOR MAJORITY-PARTNERSHIP II (2)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX: Other Assets. Complete if the organization answered (a) December 1: (1) UTAH LABOR MAJORITY-PARTNERSHIP II (2) (3)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX: Other Assets. Complete if the organization answered (a) December 1: (1) UTAH LABOR MAJORITY-PARTNERSHIP II (2) (3) (4)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) December 1: (1) UTAH LABOR MAJORITY-PARTNERSHIP II (2) (3) (4) (5)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX: Other Assets. Complete if the organization answered (a) December 1: (1) UTAH LABOR MAJORITY-PARTNERSHIP II (2) (3) (4)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) December (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) December (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, scription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, scription	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY~PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	Yes' to Form 990, scription NTEREST	Part IV, line 11d. See Form 990, P	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) December (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Face or the second of the column of the column (B), Part X Other Liabilities.	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY~PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	Yes' to Form 990, scription NTEREST	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX: Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, P	(b) Book value 92,572
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) UTAH LABOR MAJORITY-PARTNERSHIP I (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, scription NTEREST line 15.)	Part IV, line 11d. See Form 990, Part X, line 25	(b) Book value 92,572

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 a 2 b 2 c 2 d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4ь 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)....... Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 b 2 e 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a 4 b 4 c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2014

Open to Public Inspection OMB No 1545-0047 2014 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

Name of the organization	TON TRADES					Employer identification number 87-0118999	cation number 99
1 }	ants and Assista	ınce					
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	to substantiate the am grants or assistance? ocedures for monitorir	ount of the grants of	r assistance, the granter	the grants or assistance, the grantees' eligibility for the grants or assistance, and control or assistance, and see of grant funds in the United States.	s or assistance, and		X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answers 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	ice to Domestic r any recipient tha	Organizations at received more	and Domestic Gover than \$5,000. Part		Complete if the organization answered 'Yes' to blicated if additional space is needed.	is needed.	ss' to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPERATING ENGINEERS JATC 1958 WEST NORTH TEMPLE SALT LAKE CITY UT 84116 9	94-1640988		17,342.				SAFETY TRAININ
WEST LABORERS TRUST WEST DANNON WAY LAKE CITY UT 84081	91-1283259		11,375.				SAFETY TRAININ
(3) IRON WORKERS JATC 2261_S_REDWOOD_ROAD SALT_LAKE_CITY_UT_84119_8	87-0293690		14,495.				SAFETY TRAININ
(4)							
(5)							
		,					
(<i>i</i>)							
[8]		,					
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table 	ind government organ slisted in the line 1 tal	izations listed in the	listed in the line 1 table				4
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	for Form 990.		TEEA3901 06/19/14	06/19/14	Schedi	Schedule I (Form 990) (2014)

87-0118999

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. Schedule I (Form 990) (2014)

Part III | Grants and O

	(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
7-						
2						
3						
4						
r.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e the information	equired in Part I, lin	te 2, Part III, column	(b), and any other add	ditional information.

TEEA3902 10/28/14

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number UTAH BUILDING AND CONSTRUCTION TRADES 87-0118999 Pt VI, Line 11b FORM 990 IS MADE AVAILABLE TO AND REVIEWED AT MONTHLY BOARD MEETING ALL GOVERNING RECORDS, DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE Pt VI, Line 19 AT THE UNION OFFICE UPON WRITTEN REQUEST MEMBERSHIP IS RESTRICTED TO BUILDING AND CONSTRUCTION TRADES LOCAL UNIONS IN GOOD STANDING WITH THE NATIONAL UNIONS AFFILIATED WITH THE NATIONAL BUILDING AND CONSTUCTION TRADES DEPARTMENT. THE NUMBER OF DELEGATES REPRESENTED FROM EACH LOCAL AFFILIATE ARE DETERMINED BY THE NUMBER OF MEMBERS WITHIN THAT AFFILIATE. DELEGATES ARE ELECTED WITHIN THEIR OWN LOCAL UNION. THESE ELECTED DELEGATES COMPRISE THE GOVERNING Pt VI, Line 6 BODY OF THIS UNION.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

UTAH BUILDING AND CONSTRUCTION TRADES

(99) Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2014

Identifying number 87-0118999

Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions)..... 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.... 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12. ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 15 16 16 0. MACRS Depreciation (Do not include listed property) (See instructions) Section A 878 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (g) Depreciation (C) Basis for depreciation (d) (e) Convention Classification of property year placed in service (business/investment use only - see instructions) Recovery period **19 a** 3-year property **b** 5-year property c 7-year property 20,499. 7.0 yrs MO 200 DB 733. d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property S/L h Residential rental 27.5 yrs S/L MM 27.5 yrs MM S/L property I Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year. 12 yrs S/L c 40-year. 40 vrs S/L Part IV | Summary (See instructions.) 700. 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on 2,311. the appropriate lines of your return Partnerships and S corporations — see instructions . . . 22 For assets shown above and placed in service during the current year, enter 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

	columns	or any vehicle for (a) through (c) c	of Section A, a	I of Section	on B, and	Section	C if app	olicab	le.						4b,	
		n A – Depreciat														П.
24	a Do you have eviden	nce to support the bu	usiness/investme	nt use claim	ed?		X Yes	_Ц	No			evidence			Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed In service	(C) Business/ investment use percentage	(c Cost other	tor	(busine	(e) or deprecia ss/investn ise only)			(f) Recovery period	Me	(g) ithod/ vention	Depr	(h) reciation duction	El sect	(I) ected ion 179 cost
25		50% in a qualifi	for qualified lis	se (see in	structions							25				
26	Property used n		, 								1000					
	500 CHEV FORD 150 PICK UP	06/01/98 11/19/14	100.00		,046. ,000.		26,0 14,0		F	5.00 5.00		DB-HY DB-MO		700		
27	Property used 5	0% or less in a c	qualified busing	ess use:				!							<u> </u>	
		 				 -									-	
	·		 									-	_ 		7	
28	Add amounts in	column (h), lines	s 25 through 2	7. Enter h	ere and	on line 2	1, page	1				28		700	_	
29	Add amounts in		_											. 29		
to yo	nplete this section our employees, fir	st answer the qu	uestions in Sec	tion C to	partner, o see if you	r other 'n u meet a (b	n excep	n 5% tion t	o co	mpletin	related p g this se	ction for	those v	ehicles.)
30	during the year	nvestment miles (do not include s)		Vehi	icle 1	Vehic	cle 2	<u></u>	ehic		Vehi	cle 4	Vehi	cle 5	(f Vehi	cle 6
31	Total commuting m	iles driven during th	ne year	·												
32	Total other pers miles driven .	onal (noncommi														
33	Total miles drive lines 30 through													,		
34	Was the vehicle during off-duty h	available for pe		Yes	No	Yes	No	Ye	<u>s</u>	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle than 5% owner															
36	Is another vehic personal use?	le available for	<u> </u>													
Ansv	wer these question	ns to determine	C - Question If you meet an structions).											not mo	e than	
	Do you maintain	a written policy	statement tha									 -			Yes	No
38	Do you maintain employees? See	a written policy	statement tha	t prohibits	persona	l use of	vehicles	. exc	ent d	commut	ina. by v	our				
39	Do you treat all															
40	Do you provide i	more than five v	ehicles to your	emplove	es, obtair	n informa	ation fro	m vai	ır er	nnlovee	s about	the use	of the		<u> </u>	
41	Do you meet the Note: If your ans	e requirements c swer to 37, 38, 3	concerning qua 39, 40, or 41 is	lified auto 'Yes,' do	mobile d	emonstr	ation us	e? (S or the	ee II	nstruction	ons.) ehicles					
Pai	rt VI Amorti	ization			·											
	·	(a) cription of costs		Date ar	(b) nortization egins	,	(C) Amortizab amount	e		C	d) ode stion	Amoi per	(e) rtization riod or rentage	1	(f) mortization or this year	
42	Amortization of	costs that begins	s during your 2	014 tax y	ear (see	instructio	ons):									
				ļ		_										
				<u> </u>					_							
43		costs that begai	•	•									43			
44	i otal. Add amo	ounts in column ((i). See the ins	tructions	ror where	to repoi	π						44	ľ		

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

OF THE AFFILIATED LOCAL UNIONS AND TO PROMOTE THE GROWTH AND DEVELOPMENT OF ALL LOCAL BUILDING AND CONSTRUCTION UNIONS.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DONATIONS TO ELEMENTARY SCHOOL	2,928.	2,928.		
TRANSFERS TO POLITICAL ACTION	3,200.	3,200.		
ORGANIZATION MEMBERSHIPS	1,375.	1,375.		
DONATIONS TO CHARITY	18,629.	18,629.		
LICENSES	25.	25.		
UNION ORGANIZING ACTIVITIES	459.	459.	\ <u></u>	
PROFESSIONAL SERVICES	12,000.	12,000.		
REPAIRS	107.	107.		
MISCELLENEOUS	58.	58.		
PROPERTY TAXES	675.	675.		
LAND INVESTMENT INTEREST	2,265.	2,265.		
OTHER INVESTMENT EXPENSES	236.	236.		

Supporting Statement of:

Form 990 p 10/Line 16 col (A)

Description	Amount
RENT	9,480.
TELEPHONE	1,434.
Total	10,914.

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

Description	Amount
RENT	9,480.
TELEPHONE	1,434.
Total	10,914.

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

UTAH BUILDING AND CONSTRUCTION TRADES

Employler Identification number

87-0118999

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (F) (C) (D) (E) Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Estimated Average hours per week (list any hours for related Individual trustee or director amount of other compensation Officer Highest compensated employee institutional trustee key employee from the organization and related organizations organiza-tions below dotted line) 26 SHAWN BROADRICK 3.00 0. 0 0. DELEGATE 27 ROBERT COCHRAN 3.00 DELEGATE 0. 0. 0. Х

Form 990 Cont 2014