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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

<u> </u>	or un	e 2014 calendar year, or tax year beginning 000 1, 2014 and	enaing U	UN 30, 2015									
Bo	heck If	C Name of organization  DAKOTAS AREA ELECTRICAL APPRENTICESHI	D	D Employer identifi	cation number								
_	∏Addre	SS AND MDATNING BUND	F										
₩	_]chang ]Name ]chang			15 0	211216								
-	∏inıtıai		December 1	45-0341316									
$\vdash$	_return ∏Final	Number and street (or P.O. box if mail is not delivered to street address) 2901 FIRST AVENUE NO.	Room/suite		E Telephone number 701-293-1300								
	return∟ termir												
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,144,477.								
<u> </u>	∟return	FARGO, ND 38102		H(a) Is this a group re									
L	Application pendi			for subordinates									
		SAME AS C ABOVE	1 1	H(b) Are all subordinates in									
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)								
	J Website:       ▶ WWW • DAKOTASJATC • ORG       H(c) Group exemption number         K Form of organization:       Corporation       X Trust       Association       Other       L Year of formation:       1958 M State of legal domicile: ND												
_			L Year	of formation: 1958 N	A State of legal domicile: ND								
Pa	rt I	Summary											
Activities & Governance		Briefly describe the organization's mission or most significant activities: <b>APPR PROGRAM</b>	ENTICE	SHIP AND TR	AINING								
rua	2	Check this box I if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.								
ove		Number of voting members of the governing body (Part VI, line 1a)		3	8								
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	8								
<b>8</b>		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	56								
ŽĒ		Total number of volunteers (estimate if necessary)		6	0								
ا والا		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.								
		Net unrelated business taxable income from Form 990-T, line 34		7b	0.								
JUN			Z/n	Prior Year	Current Year								
ک ً	8	Contributions and grants (Part VIII, line 1h)	SU	+	O. O.								
ຸັດເລີ້ Revenue		Program service revenue (Part VIII, line 2g)	oue O	1,528,151.	1,954,704.								
ις δί		Investment income (Part VIII, inite 29)	2016 6	52,282.	72,850.								
R					9,487.								
3		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1.157	1,580,433.	2,037,041.								
· —		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), time 12)	<del>, U II _</del>	0.	0.								
		Grants and similar amounts paid (Part IX, column (A), lines (-3)		0.	0.								
		Benefits paid to or for members (Part IX, column (A), line 4)	-	627,450.	698,305.								
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	027,430.	038,303.								
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	o.	<u>_</u>	<u> </u>								
EX		Total fundraising expenses (Part IX, column (D), line 25)	<del>"</del> ⊢	600,119.	946,936.								
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ <del></del>	1,227,569.	1,645,241.								
_ <u>~ &amp;</u>	19	Revenue less expenses. Subtract line 18 from line 12		352,864.	391,800.								
Net Assets or Fund Balances		<b>-</b>	Be	ginning of Current Year	End of Year								
Sse	20	Total assets (Part X, line 16)	<u> </u>	2,379,166.	2,768,742.								
et	21	Total liabilities (Part X, line 26)		16,881.	45,946.								
꿡	22	Net assets or fund balances. Subtract line 21 from line 20		2,362,285.	2,722,796.								
		Signature Block		<del>-</del>	<del></del>								
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is								
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	<del></del>									
				5.2-16	····								
Sigr	1	Signature of officer		Date									
Her	В	ED CHRISTIAN, TRUSTEE			<u> </u>								
		Type or print name and title											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Paid		ERIC C. BAERTSCH ERIC C. BAERTSCH	H	4/29/16 If self-employs									
Prep		Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	32-0043599								
Use	Only	Firm's address 6800 FRANCE AVENUE SO., SUITE 5	50										
		EDINA, MN 55435		Phone no. (9	52)841-3950								
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No								
		1114 For December Deduction Ant Notice and the compacts implements			Form 990 (2014)								

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### Part IV Checklist of Required Schedules

			res	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		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	^	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		<del></del> -
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
_	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			Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	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, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			4,5
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	•	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	$\frac{x}{X}$
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	77
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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		Х
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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3.7
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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	, l		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
			990 (	2014)
			- 1	

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Pa	rt IV   Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ļ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	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	L	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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			٦,
	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	ŀ		
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
24		30	<u> </u>	-11
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	<del>  •</del>		
UZ	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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	<u> </u>		
•	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

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	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			-110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	400		
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(4)(20) qualified perpendit health incurrence issuess.	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
d	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

Form 990 (2014)

AND TRAINING FUND

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

	Check if Schedule O contains a response or note to any line in this Part VI											
Sec	ction A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year	3[										
	If there are material differences in voting rights among members of the governing body, or if the governing	1										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	3										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1										
_	officer, director, trustee, or key employee?	2	x									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>	<u> </u>									
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6	<del>                                     </del>	X								
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-	-									
7 4	more members of the governing body?	7.	x									
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_7a	-									
U	persons other than the governing body?			Х								
		7b		<u> </u>								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x									
a		8a	A	X								
_	Each committee with authority to act on behalf of the governing body?	8b		Λ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х								
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ								
<u> </u>	Rion D. 1 Oncies (mis Section & requests information about policies not required by the internal nevenue Code.)		Yes	Na								
102	Did the organization have local chapters, branches, or affiliates?	10a	res	No X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1114										
12a		12a	х									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
		120										
·	in Schedule O how this was done	12c	х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u>''</u>										
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
9	The organization's CEO, Executive Director, or top management official	15a		X								
	Other officers or key employees of the organization	15b		$\frac{x}{x}$								
.,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100										
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
u	taxable entity during the year?	16a		X								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		<del></del> -								
	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										
Sec	tion C. Disclosure	1.00										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le									
	for public inspection. Indicate how you made these available. Check all that apply.		. <del>-</del>									
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial									
	statements available to the public during the tax year.		J. 481									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:											
	ED CHRISTIAN - 701-293-1300											
	2901 FIRST AVENUE NO., FARGO, ND 58102											

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Form **990** (2014)

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organia (A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average	/,,	Position (do not check more than on					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	$\vdash$	ceran	dad	irecto	r/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	b or d	副			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Individual trustee or director	Institutional trustee		æ	шреп		(** 2/ 1033 (**100)		and related	
	below	dual	utong	<u>.</u>	e e	oyee	<u>ا</u>			organizations	
	line)	l di	Instit	Officer	Key employee	Highest compensated employee	Form				
(1) KORY RAWSTERN	4.00									.,	
TRUSTEE	8.00	Х		X				0.	0.	0	
(2) ED CHRISTIAN	4.00										
TRUSTEE	8.00	X		X				0.	0.	0	
(3) ROBERT JARDING	0.50										
TRUSTEE	5.00	X				<u></u>		0.	0.	0	
(4) CLYDE WETSCH	2.00	1								_	
TRUSTEE	8.00	X	_					0.	0.	0	
(5) TIM HUGHES	4.00	۱	l		ĺ					•	
TRUSTEE		X			_	_	L.	0.	0.	0	
(6) RANDY STAINBROOK	4.00	۱.,	ŀ		ļ					•	
TRUSTEE	8.00	X	Ļ		<u> </u>	ļ	<u> </u>	0.	0.	0	
(7) RANDY BARTSCH	2.00	١.,							١	0	
TRUSTEE	8.00	X	┝			ļ		0.	0.	0	
(8) CHAD DANIELSON	0.30	<b>↓</b>	ĺ					0.	0.	^	
TRUSTEE	5.00	^	├		-	⊢		V •	0.	0	
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···		┼	┢		⊢	⊢					
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		$\vdash$	<del>                                     </del>	H	<del>                                     </del>		H				
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		Τ				Γ					
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Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B) (C)							(D)	(E)	T	(F)	
•	Name and title	Average	(de		Pos		than	nne	Reportable	Reportable		Estimate	ed
		hours per	box	, unle	ss pe	rson	ls bot	h an	compensation	compensation	ı	amount	of
		week	$\vdash$	cer an	dad	recto	ar/trus T	tee)	from	from related		other	
		(list any	ector						the	organizations	_	compensa	
		hours for	ığ o	يو			ated		organization	(W-2/1099-MIS	C)	from th	
		related organizations	ustee	truste		يو	suadi		(W-2/1099-MISC)			organizat	
		below	nal ‡	ional		ploye	t com					and relat	
		line)	ndividual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	<b>F</b> ormer	1			organizati	0113
	<del> </del>		=	=	-	<u>×</u>	1 6	-			_		
			l										
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1b Sub-to	otal							<b>▶</b>	0.		0.		0.
c Total t	from continuation sheets to Part V	I, Section A						<b></b>	0.		0.		0.
d_Total	add lines 1b and 1c)							<b></b>	0.		0.		0.
2 Total r	number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	;		
compe	ensation from the organization												0
											_	Yes	No
3 Did the	e organization list any <b>former</b> officer,	director, or tru	uste	e, ke	y er	mplo	yee	or,	highest compensated e	mployee on	]		
line 1a	? If "Yes," complete Schedule J for s	uch individual									L	3	X
	y individual listed on line 1a, is the su	•							•	the organization	ł		
and re	lated organizations greater than \$15	0,000? If "Yes,	° co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		Ļ	4	X
	y person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services	ļ	ļ	l
	red to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son		<u>_</u> _		ļ	5	X
	Independent Contractors												
•	lete this table for your five highest co	•	-								pensa	ation from	
the or	ganization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthir		year.			
	(A) Name and business	addrees	RT/	ገእ፣፣	,				( <b>B)</b> Description of s	services	C	(C) ompensatio	n .
	ranie and business	addiess	74(	INC				$\dashv$	Description of s			J. Aportoatic	
								$\dashv$		<del></del>			
	<del></del>							-					
								$\dashv$					
				_				寸					
2 Total	number of independent contractors (	ncludina but n	ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than			
	000 of compensation from the organi		7				0	_					
<u> </u>												Form <b>990</b> (	(2014)

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L a	L VI	Check if Schedule O cont		or note to any lu	ne in this Part VIII			
		· Officer if Scriedule O com	tains a response	of note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A,	C	Fundraising events	1c					
를 를	c	Related organizations	1d					
S.E	e	Government grants (contribut	tions) 1e					
iệ a	f	All other contributions, gifts, gran	nts, and					
듗퓢		similar amounts not included abo	ve 1f					
<u>8</u> 5	g	Noncash contributions included in lines	s 1a-1f \$					
<u>0 €</u>	ŀ	Total. Add lines 1a-1f						
		EMDI OMED GOMEDI		Business Code				1
jce	2 a					1,767,689.		
le Sr	b	SALE OF TEXTBOO	OK INVEN	900099	187,015.	187,015.		<u> </u>
E e	C							<del></del>
Reg	C		<del></del>					<del> </del>
Program Service Revenue	e	Allahlananananan		<b> </b>				
_	, T	All other program service reve	enue		1,954,704.		· · · · · · · · · · · · · · · · · · ·	1
	3	Investment income (including	dividends inter		1,734,704.			<del>                                     </del>
l	٠	other similar amounts)	dividends, inter	est, and	45,853.			45,853.
	4	Income from investment of ta	x-exempt bond r	proceeds	10,000			13,033.
	5	Royalties	x exempt bend p	<b>S</b> 1000000				
	-	,	(ı) Real	(ii) Personal				
	6 a	Gross rents	V	(7				
	b	Less: rental expenses						
	С	<b>5</b>						1
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	134,433.					Ì
ĺ	b	Less: cost or other basis						
		and sales expenses	107,436.					
ļ	C	Gain or (loss)	26,997.				_	
	d	Net gain or (loss)		<b></b>	26,997.			26,997.
9	8 a	Gross income from fundraisin	g events (not					
Other Revenu		including \$	of					
ě		contributions reported on line	1c). See					
ě		Part IV, line 18	а	<u> </u>				
ᅙ		Less: direct expenses	. <b>b</b>					
		Net income or (loss) from fund	-	. •				<u> </u>
- 1	9 a	Gross income from gaming ac						
	_	Part IV, line 19	а					
		Less: direct expenses  Net income or (loss) from gam	b b					
		Gross sales of inventory, less	-					<del>                                     </del>
	IU a	and allowances				ŀ		
ľ	h	Less: cost of goods sold	a b					
ł		Net income or (loss) from sale						ł
<u> </u>		Miscellaneous Revenu		Business Code				
ŀ	11 a	OTHER INCOME	· <u>-</u>	900099	9,487.			9,487.
İ	b		·		•			
	c							<del> </del>
1	d	All other revenue						<del>                                     </del>
1	е	Total. Add lines 11a-11d		<b>&gt;</b>	9,487.			1
	12	Total revenue. See instructions.		<b>•</b>	2,037,041.	1,954,704.	0.	82,337.
432009		· _ · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		Form <b>QQO</b> (2014)

Form 990 (2014) AND TRAINING FUND
Part IX | Statement of Functional Expenses

	Part IX   Statement of Functional Expenses										
Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).							
	Check if Schedule O contains a respon										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21				<del></del>						
2	Grants and other assistance to domestic										
	ındıviduals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	ındıvıduals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	-									
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	592,640.	592,640.		<del></del> -						
7	Other salaries and wages	334,040.	334,040.		<del>-</del>						
8	Pension plan accruals and contributions (include	32,713.	32,713.	}							
_	section 401(k) and 403(b) employer contributions)	24,912.	24,912.								
9	Other employee benefits	48,040.	48,040.		<del></del>						
10	Payroll taxes	40,040.	40,040.		<del></del>						
11	Fees for services (non-employees)			Ì							
a	Management	13,551.		13,551.							
b	Legal Accounting	8,088.		8,088.							
d	Lobbying	- 0,000.									
u	Professional fundraising services. See Part IV, line 17			* 1							
- +	Investment management fees	10,155.	,	10,155.							
g	Other, (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch O.)	119,210.		119,210.							
12	Advertising and promotion	48,808.		48,808.							
13	Office expenses	69,330.		69,330.							
14	Information technology	10,000.		10,000.	·						
15	Royalties										
16	Occupancy	58,250.		58,250.							
17	Travel	47,464.	47,464.								
18	Payments of travel or entertainment expenses				- 11						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	17,190.		17,190.							
20	Interest										
21	Payments to affiliates	0.5.0.5.4	25 254								
22	Depreciation, depletion, and amortization	35,974.	35,974.	15 624							
23	Insurance .	15,634.		15,634.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
_	amount, list line 24e expenses on Schedule 0.) PURCHASE OF TEXTBOOKS	187,015.	187,015.	<del></del>							
a b	APPRENTICES	99,074.	99,074.	<del></del>							
Ď	EDUCATION	75,955.	75,955.								
d	SHOP SUPPLIES	63,877.	63,877.								
	All other expenses	67,361.	58,755.	8,606.							
25	Total functional expenses. Add lines 1 through 24e	1,645,241.	1,266,419.	378,822.	0.						
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)										
			-		Farm 990 (2014)						

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Part X		Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing				1	142,938.
2	2	Savings and temporary cash investments			215,315.	2	44,673.
3	3	Pledges and grants receivable, net				3	
4	1	Accounts receivable, net			180,540.	4	159,350.
5	5	Loans and other receivables from current and fo	rmer officer	rs, directors,			
		trustees, key employees, and highest compensation	ated employ	rees. Complete			
		Part II of Schedule L		L		5	
6	3	Loans and other receivables from other disqualit	fied persons	s (as defined under	<del>-</del>		<del></del>
		section 4958(f)(1)), persons described in section	4958(c)(3)(	B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9	) voluntary			
2		employees' beneficiary organizations (see instr).	Complete F	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ž   8	3	Inventories for sale or use			51,833.	8	49,394
9	€	Prepaid expenses and deferred charges			23,146.	9	29,379
10	)a	Land, buildings, and equipment: cost or other	1 1	· [			
		basis. Complete Part VI of Schedule D	10a	345,560.			
	b	Less: accumulated depreciation	10b	236,918.	136,644.	10c	108,642, 2,234,366
11	1	Investments - publicly traded securities			1,760,213.	11	2,234,366
12	2	Investments - other securities. See Part IV, line 1	Ţ.		12		
13	3	Investments - program-related. See Part IV, line	<u> </u>		13		
14	1	Intangible assets	<u> </u>		14		
15	5	Other assets. See Part IV, line 11	· [	11,475.	15		
16	3	Total assets. Add lines 1 through 15 (must equa	al line 34)		2,379,166.	16	2,768,742
17	7	Accounts payable and accrued expenses			16,881.	17	45,946
18	3	Grants payable	[		18		
19	•	Deferred revenue				19	
20	)	Tax-exempt bond liabilities			•	20	
21	1	Escrow or custodial account liability. Complete F	Part IV of So	chedule D		21	
g   22	2	Loans and other payables to current and former	officers, dir	rectors, trustees,			
		key employees, highest compensated employee	es, and disq	ualified persons.			
<u>8</u>		Complete Part II of Schedule L		L	.=.	22	
J 23	3	Secured mortgages and notes payable to unrela	ated third pa	arties		_23	
24	1	Unsecured notes and loans payable to unrelated	d third partie	es Ĺ		24	
25	5	Other liabilities (including federal income tax, pa	yables to re	lated third			
		parties, and other liabilities not included on lines	i 17-24). Coi	mplete Part X of			
		Schedule D		1	1.6.004	25	15 016
26	3	Total liabilities. Add lines 17 through 25			16,881.	26	45,946.
		Organizations that follow SFAS 117 (ASC 958		re 🕨 📖 and			
Se		complete lines 27 through 29, and lines 33 an	d 34.		0 360 005		
ğ   27	7	Unrestricted net assets		٠٠ - ا	2,362,285.	27	
ਰ   28		Temporarily restricted net assets				_28	
g   29	€	Permanently restricted net assets				29	
Net Assets or Fund Balances 22 23 23 23 23 23 23 23 23 23 23 23 23		Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here 📂 🖾			
5	_	and complete lines 30 through 34.			^	_	^
30		Capital stock or trust principal, or current funds	. =	·	0.	30	0.
į 31		Paid-in or capital surplus, or land, building, or eq			0.	31	0. 2,722,796.
j 32		Retained earnings, endowment, accumulated in	come, or ot	her funds		32	2,722,796.
33		Total net assets or fund balances			2,362,285. 2,379,166.	33	2,722,796.
34	7	Total liabilities and net assets/fund balances			4,3/3,100.	34	Eorm <b>990</b> (2014)

Form **990** (2014)

.... Both consolidated and separate basis

X 2c

Form 990 (2014)

За

X

X Separate basis

Act and OMB Circular A-133?

□ Consolidated basis

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

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DAKOTAS AREA ELECTRICAL APPRENTICESHIP AND TRAINING FUND

**Employer identification number** 45-0341316

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 AND TRAINING FUND 45-0341316 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked	the box on line f	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part III. If th	ne organization
	· fails to qualify under the tests	listed below, plea	ase complete Part	: 111.)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						ì
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support				•		
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			1			
9	Net income from unrelated business						
	activities, whether or not the		ļ				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		İ				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				1		
	Gross receipts from related activities,	etc (see instruct	ions)			12	
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	tax year as a section		
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2014 (I	ne 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	: 11, line 14			15	<u>%</u>
16	a 33 1/3% support test - 2014. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	oox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
ı	<b>b 33 1/3% support test - 2013</b> . If the o	rganization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization quali	fies as a publicly	supported organi	zation			ightharpoons
17	a 10% -facts-and-circumstances test	: - 2014. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
ı	b 10% -facts-and-circumstances test	t - <b>2013.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th						
	organization meets the "facts and circ						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014

## Schedule A (Form 990 or 990 EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to 'qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")				1					
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that	<del></del>								
_	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
-	ızation's benefit and either paid to									
	or expended on its behalf									
_	The value of services or facilities		<u> </u>		<del> </del>	†	<del> </del>			
3	furnished by a governmental unit to									
,	the organization without charge									
	•		<del></del>				<del>                                     </del>			
	Total. Add lines 1 through 5				<del> </del>	+	<del>                                     </del>			
7	Amounts included on lines 1, 2, and									
	3 received from disqualified persons Amounts included on lines 2 and 3 received					<del>                                     </del>				
	from other than disqualified persons that	1								
	exceed the greater of \$5,000 or 1% of the			1						
	amount on line 13 for the year				<del> </del>	+	<del>                                     </del>			
	Add lines 7a and 7b					<del> </del>	<del> </del>			
	Public support (Subtractime 7c from line 6.) ction B. Total Support			<u> </u>			<del></del>			
	· · · · · · · · · · · · · · · · · · ·	4 ) 2040	1 (1) 0044	(1) 0040	(-I) 0040	4-1-004-4	(0 T-4-)			
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
-	Amounts from line 6						<del>                                     </del>			
10	a Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources				<u></u>		<del>                                     </del>			
ı	Unrelated business taxable income				ļ					
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975				ļ	<del> </del>	<del>                                     </del>			
	Add lines 10a and 10b				<del> </del>	<del> </del>	<del> </del>			
11	Net income from unrelated business activities not included in line 10b.				1					
	whether or not the business is									
	regularly carried on					+	<del> </del>			
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)				ļ					
	Total support. (Add lines 9, 10c, 11, and 12)	L	L	<u></u>	<u> </u>					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ızatıon,			
_	check this box and stop here	:- O		<del>-</del>	<del></del>	<del> </del>				
_	ction C. Computation of Publ					1451				
	Public support percentage for 2014 (			column (f))		15	<u>%</u>			
	Public support percentage from 2013				•	16	<u>%</u>			
_	ction D. Computation of Inves					T.= I				
	7 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  17   9									
	Investment income percentage from					18	<u>%</u>			
19	a 33 1/3% support tests - 2014. If the						1/ Is not			
	more than 33 1/3%, check this box a						. ▶∟			
١	o 33 1/3% support tests - 2013. If the									
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions				

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

### Part VI.

- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		6
	5b		
	5c		
			1
	6		
	7		
	8		<del>                                     </del>
	9a		<del> </del>
	9b		<u> </u>
	9c		<del>                                     </del>
	,		
	10a		<del> </del>
	10b		
m 9	90 or 99	0-EZ	2014

Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

Schedule A (Form 990 or 990-EZ) 2014

2b

За

### DAKOTAS AREA ELECTRICAL APPRENTICESHIP

Schedule A (Form 990 or 990-EZ) 2014 AND TRAINING FUND 45-0341316 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1

Schedule A (Form 990 or 990-EZ) 2014

☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

3

4 5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Pa	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D	- Distributions	<del></del>		Current Year
1	Amoù	unts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported		
	orgar	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	unts paid to acquire exempt-use assets			
5	Quali	fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distri	butions to attentive supported organizations to which the	ne organization is responsive	)	
	(prov	ide details in Part VI). See instructions.		. –	
9	Distri	butable amount for 2014 from Section C, line 6			
10	Line 8	3 amount divided by Line 9 amount			
			(i)	(ii)	(iii)
O 4	<del></del>	Distribution Allegations (and instrument	Excess Distributions	Underdistributions	Distributable
Sect	ion E	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distri	butable amount for 2014 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2014			
	(reas	onable cause required see instructions)			
3		ss distributions carryover, if any, to 2014:			
а				· · · · · · · · · · · · · · · · · · ·	
b					
С					
d				·	
е	From	2013			
f	Total	of lines 3a through e			
g	Appli	ed to underdistributions of prior years			· ·-·
h	Appli	ed to 2014 distributable amount		·-	
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Dıstrı	butions for 2014 from Section D,			
	line 7	<b>\$</b>			
а	Appli	ed to underdistributions of prior years			
ь	Appli	ed to 2014 distributable amount			
С	Rema	ainder. Subtract lines 4a and 4b from 4.			
5	Rema	aining underdistributions for years prior to 2014, if			
	any.	Subtract lines 3g and 4a from line 2 (if amount			
	great	er than zero, see instructions).			
6	Rema	aining underdistributions for 2014. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
	ınstru	ictions).			
7	Exce	ss distributions carryover to 2015. Add lines 3j			
	and 4	lc.			
8	Brea	kdown of line 7:			
а					
b					
С					
d	Exce	ss from 2013			
е	Exce	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

### DAKOTAS AREA ELECTRICAL APPRENTICESHIP

<u>neaule A</u>	(Form 990 or 990-EZ) 2014 AND	IRAINING FU	עמו	45-0341316 <sub>Pag</sub>
art VI	Supplemental Information.	Provide the explanation	ons required by Part II,	. line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any add	itional information. (Se	e instructions).	
•				
		<del></del>	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
	•			
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	-		<del></del>	
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				<u> </u>
	<del></del>			
				Schedule A (Form 990 or 990-F7)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.lrs.gov/form990">www.lrs.gov/form990</a>.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.lrs.gov/form990">www.lrs.gov/form990</a>.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

DAKOTAS AREA ELECTRICAL APPRENTICESHIP AND TRAINING FUND

**Employer identification number** 45-0341316

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization informall donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization informall grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , ,	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e T
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ing the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year 🟲 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	••	
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:	•	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	-	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

### DAKOTAS AREA ELECTRICAL APPRENTICESHIP

Sche	dule D (Form 990) 2014 AND TRA	INING FUND						<u>45-03</u>	<u>41316</u>	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Tr	easures, c	or Other	Simil	ar Asse	<b>ts</b> (contini	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check an	y of the	following tha	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d	i 🖳 Loa	n or exc	hange progra	ams				
b	Scholarly research	е	· L. Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they	further tl	ne organizati	on's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Par						'Yes" to Fo	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tribution	s or other as	sets not in	ncluded			-
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
	, ,	•	J						Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for esci	ow or ci	ustodial acco	unt liability			Yes	No
	If "Yes," explain the arrangement in Part XIII						, .			
Par										
		(a) Current year	(b) Prior		(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	<u></u>	()	<u>,</u>		,	· · · · · · ·			
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				_					
e	Other expenditures for facilities			1811						
·	and programs									
f	Administrative expenses					<del>-   -</del>				<del></del>
	End of year balance					•				
g 2	Provide the estimated percentage of the cur	rent vear end balance	e /line 1a.c	olumn (s	// held ac:					
	Board designated or quasi-endowment	Terit year erid balaric	ر اا انو عن ان م	Olulliis (e	i)) ricid as.					
a	Permanent endowment	%	_70							
ь	Temporarily restricted endowment	% %								
С	The percentages in lines 2a, 2b, and 2c short									
2-	Are there endowment funds not in the posse		ation that a	o bold a	nd administr	and for the	organi	70t.00		
Sa		ession of the organiz	ation that ar	e neid a	na aaniiniste	rea for the	s organi	Zauon	r,	Yes No
	by:									Tes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	- laked as	Oak 1. 1 -	D2					3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organization	· ·							3b	
Box	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment tund	ıs		=				
Fai			Dort IV lin	. 11. 6	oo Form 000	Dort V lin	no 10			
	Complete if the organization answere	(a) Cost or o		_	or other		umulate	od T	(d) Book	value
	Description of property	basis (investr			or other (other)		eciation		(u) Book	value
	Lond	במשוש (ווועפשנו	city	54313	(5.1101)	acpi.		<del>'  </del>	<del></del>	
_	Land									
b	Buildings		<del></del>	•				<del></del>		
C	Leasehold improvements	· · ·		22	5,764.	1	54,7	50.	71	,014.
d	Equipment				$\frac{3,702.}{9,796.}$		$\frac{32,7}{82,1}$			,628.
e Tota	Other  I. Add lines 1a through 1e (Column (d) must 6	equal Form 990 Part	Y column /				, <u>-</u>	<del></del>		,642.

Schedule D (Form 990) 2014

45-0341316 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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)			
(F)			<del> </del>
(G)			
(H)			·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	<del></del>		<del></del>
(6)			
(7)			
(8)			
(9)	<del></del>		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990 Part IV I	ine 11d. See Form 990. Part Y line 15	
	Description	into tra. dee t offit dee, t are x, into to.	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)		•	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"  1. (a) Description of liability	to Form 990, Part IV, I	(b) Book value	<u> 25.                                      </u>
<del>"</del>		(b) BOOK Value	
(1) Federal income taxes			
(2)			
(3)	<del></del>	<del></del>	
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2 Liability for uncertain tax positions. In Part XIII. provide		te to the organization's financial statemen	its that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2014

432053 10-01-14

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F		n.
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			, <del></del>
1	Total revenue, gains, and other support per audited financial statements		1	1,995,597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	一	
a	Net unrealized gains (losses) on investments	$ _{2a} $ -31,289.		
h	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII )	2d	1	
e	Add lines 2a through 2d	<del></del>	2e	-31,289.
3	Subtract line 2e from line 1	•	3	2,026,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a   10,155.		
b	Other (Describe in Part XIII.)	4b	1	
c	Add lines 4a and 4b	<del></del>	4c	10,155.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,037,041.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Retu	Jrn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	1,635,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	]	
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,635,086.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 10,155.		
b	Other (Describe in Part XIII.)	4b	]	
С	Add lines 4a and 4b		4c	10,155.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,645,241.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		4; Par	t X, line 2; Part XI,
PAI	RT X, LINE 2:			
TH	FUND FILES FORM 990, RETURN OF ORGANIZAT	TION EXEMPT FROM	INC	OME TAX,
WH:	CH IS SUBJECT TO EXAMINATION BY THE INTER	RNAL REVENUE SERV	/ICE	UNTIL THE
AP	PLICABLE STATUTE OF LIMITATIONS EXPIRES.			-
-			<del></del>	
				···-

### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

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

DAKOTAS AREA ELECTRICAL APPRENTICESHIP Employer identification number 45-0341316 AND TRAINING FUND

			YES	_
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		x	ĺ
	other governing instrument, or in a resolution of its governing body?	1_	<u> </u>	┝
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		x	l
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	<u> </u>	⊢
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			l
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		x	
	If you need more space, use Part II THE FUND ADVISES ALL APPRENTICE APPLICANTS THAT THERE ARE	3	<u> </u>	⊢
	AFFIRMATIVE ACTION POLICIES IN PLACE.			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	L
О	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d		f
d		4d		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:			
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?	5a		
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	5a 5b		
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b 5c		-
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c 5d		<del>-</del>
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5a 5b 5c 5d 5e		
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5a 5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5a 5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs? Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE FUND DOES NOT SOLICIT CONTRIBUTIONS.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs? Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	x	

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### DAKOTAS AREA ELECTRICAL APPRENTICESHIP

chequie E	(Form 990 or 990-EZ) (2014) AND TRAINING FORD	45-0341316	Page
Part II	(Form 990 or 990-EZ) (2014) AND TRAINING FUND  Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	, as applicable.	
	Also provide any other additional information.	<del> </del>	
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

**Open to Public** 

OMB No 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. DAKOTAS AREA ELECTRICAL APPRENTICESHIP

**Employer identification number** 

AND TRAINING FUND 45-0341316
FORM 990, PART VI, SECTION A, LINE 2:
ED CHRISTIAN HAS A BUSINESS RELATIONSHIP WITH CLYDE WETSCH AND ROBERT
JARDING.
FORM 990, PART VI, SECTION A, LINE 7A:
FOUR TRUSTEES ARE APPOINTED BY THE UNIONS AND FOUR TRUSTEES ARE APPOINTED
BY THE ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS PROVIDED TO, REVIEWED AND APPROVED BY THE ENTIRE BOARD OF
TRUSTEES PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL TRUSTEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST TO THE
CHAIRMAN AND SECRETARY, OR THE FUND COUNSEL. IN THE EVENT THAT A CONFLICT
OF INTEREST IS DISCOVERED, THE TRUSTEE SHALL RECUSE HIMSELF FROM
DELIBERATION AND VOTING ON THE MATTER.
FORM 990, PART VI, SECTION C, LINE 19:
THE FUND'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE UPON REQUEST AT THE FUND'S OFFICE.

SCHEDULER

(Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990 DAKOTAS AREA ELECTRICAL APPRENTICESHIP

**Employer identification number** 

identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 AND TRAINING FUND

45-0341316

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total Income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) No. × × × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501C9 501C9 501C6 401A Legal domicile (state or foreign country) NORTH DAKOTA NORTH DAKOTA NORTH DAKOTA NORTH DAKOTA TO ADVERTISE AND PROMOTE TO PROVIDE VACATION AND TO PROVIDE HEALTH AND TO PROVIDE RETIREMENT THE ELECTRICAL TRADE Primary activity HOLIDAY BENEFITS WELFARE BENEFITS BENEFITS DAKOTAS AND WESTERN MN ELECTRICAL IND HEALTH DAKOTAS ELECTRICAL INDUSTRY BETTERMENT FUND HOLIDAY FUND - 45-0344738, 2901 1ST AVENUE INC - 45-0453807, 2901 1ST AVENUE NORTH, AND WELFARE FUND - 45-6038633, 2901 1ST DAKOTAS AREAWIDE IBEW-NECA VACATION AND RETIREMENT PLAN - 45-0348980, 2901 1ST DAKOTAS AREAWIDE IBEW-NECA SAVINGS AND Name, address, and EIN of related organization AVENUE NORTH, FARGO, ND 58102 AVENUE NORTH, FARGO, ND 58102 NORTH, FARGO, ND 58102 FARGO, ND 58102

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

DAKOTAS AREA ELECTRICAL APPRENTICESHIP

AND TRAINING FUND

Schedule R (Form 990) 2014

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

Page 2

45-0341316

General or Percentage managing ownership Schedule R (Form 990) 2014 Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Yes Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) N Code V-UBI Share of end-of-year assets **(**6) Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entrty (C corp, S corp, or trust) **e** Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € **e** Legal domicile (state or foreign country) <u>છ</u> (d) | Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 432162 08-14-14 Part IV

# DAKOTAS AREA ELECTRICAL APPRENTICESHIP AND TRAINING FUND

Page 3

45-0341316

Schedule R (Form 990) 2014 AND TRAINING FUND

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

2014	۳ 990	For	Schedule R (Form 990) 2014	30	432163 08-14-14
		Ì			(6)
					(5)
					(4)
					(6)
					(2)
					(1)
		olved	(d) Method of determining amount involved	(b) (c) Transaction Amount involved type (a·s)	(a) Name of related organization
			relationships and transaction thresholds.	o must complete this line, including covered	t I
××		<b>┾</b>   \$			r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
4		₽			q Reimbursement paid by related organization(s) for expenses
×	$\perp$	위			p Reimbursement paid to related organization(s) for expenses
_					
×	$oldsymbol{\perp}$	<b>₽</b>		(5)	n Sharing of racilities, equipment, mailing lists, of other assets with related organization(s)
×	$\perp$			ZatiOi (3)	Periorniance of services of membership of fundatability solicitations by
×		<u> </u>		zation(s)	I FEHOLIMATICE OF SERVICES OF HEILIDERS HIP OF HUNDIASHING SOURCEAUDINS FOR FEBREAU OF GRANDAR OF THE DAY MANAGES OF REALIZATION (s)
×	_	€		zation(e)	<ul> <li>Lease of racilities, equipment, of other assets from related organization (s)</li> <li>Dodomosos of sequence or mambarchin or fundament coloritations for related organization (s)</li> </ul>
×		7			
×		Į)			i Lease of facilities, equipment, or other assets to related organization(s)
×		=			
×		Ę			
×		1g		·	
×		#			
X		16	. ;		
×		1d			d Loans or loan quarantees to or for related organization(s)
×		1c			c Gift, grant, or capital contribution from related organization(s)
×		<b>1</b> b			
×	Ľ	1a			a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity
ĝ	Yes		in Parts II:W2	with one or more related organizations listed	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 Direct the tax year did the propertion engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
	Vec				Make Commission in a second contraction in Books II III on IV of this sockeding

Page 4

# DAKOTAS AREA ELECTRICAL APPRENTICESHIP

AND TRAINING FUND Schedule R (Form 990) 2014 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership				0) 2014
o Per				 E
(j) General or managing partner? Yes NO				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Schedule R (Form 990) 2014
(h) Disproportionale allocations?		-		
<u> </u>			 	 
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec 501(c)(3) er orgs 7				 
der 50				
(d) Predominant income prefated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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DAKOTAS AREA ELECTRICAL APPRENTICESHIP