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DLN: 93493351003055

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

			endar year, or tax year beginning C Name of organization	07-01-2014 , and ending 06-	30-2015	i	D Emmlo		
	eck ıf applı dress chang	icable	BUILDING AND CONSTRUCTION TRAD DEPARTMENT AFL-CIO	DES			53-00	-	entification number
_	me change		Doing business as				_	12373	
┌ Inr	tıal return						E Telepho	one nun	nber
Fir ret	ıal urn/termın	ated	Number and street (or P O box if ma 815 16TH STREET NW NO 600	ıl ıs not delivered to street address)	Room/sui	te	(202)	347-	1461
┌ Am	nended retu	um	City or town, state or province, count	ry, and ZIP or foreign postal code					
Г Ар	plication pe	ending	WASHINGTON, DC 20006				G Gross r	eceipts	\$ 12,590,542
			F Name and address of princ BRENT BOOKER	cipal officer			— this a group bordinates?	retur	n for
			815 16TH STREET NW NO 6 WASHINGTON, DC 20006	00					
			WASHINGTON, DC 20000				e all subordı :luded?	nates	Γ Y es Γ No
I Ta	x-exempt	status	「 501(c)(3) 「 501(c)(5) ◀ (॥	nsert no) 4947(a)(1) or 52	27	Ιf	"No," attach	a lıst	(see instructions)
J W	ebsite: Þ	► WW	W BCTD ORG			H(c) G	roup exempt	ion nu	ımber ► 1338
_			Corporation Trust Association	Other LABOR ORGANIZATION		L Year o	f formation 19	08 N	State of legal domicile DC
Pa			mary escribe the organization's mission	or most significant activities					
Governance	UN AN BU TH CO PR WC FO	IONS ID THE ILDIN E DEP NSTR OMOT RKIN R THE	AFFILIATED UNIONS, PROMOT, FOSTERING AND DEVELOPING TRAINING OF RELATED APPERS OF THE ADVANTAGE OF THE ADVAN	IG THE ORGANIZATION OF ERENTICES, PROMOTING THE ESPERSONS, MAINTAINING JUSTMENT OF TRADE AND JENCOURAGING LOCAL BUILLING ALL AFFILIATED UNIONE PROCESS OF COLLECTIVE	BUILDIN DEVEL THE HI URISDI DING A IS IN SE BARGA	NG AND C OPMENT ISTORICA CTIONAL ND CONS ECURING INING, E	ONSTRUCT OF THE HEAL L FUNCTIO DISPUTES TRUCTION IMPROVED NGAGING I	ION TALTH N AN IN TH TRAD WAGI	RADESPERSONS AND SAFETY OF THE D JURISDICTION OF HE BUILDING AND HES COUNCILS, HES, HOURS, AND HISLATIVE ACTIVITY
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tles	2 Ch	eck th		continued its operations or dis	nosed o	f more tha	n 25% of its	net a	ssets
Activities &		con th	is sox F ₁ in the organization als	continued to operations of dis	p 0 5 C G O	T III OT C CITA			1
4	1		of voting members of the governing of the governing of the governing of the government of the governme		· · ·			3	15
		5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)						5	37
		6 Total number of volunteers (estimate if necessary)						6	0
			elated business revenue from Pa ated business taxable income fro					7a 7b	0 0
				,			rior Year		Current Year
a)			outions and grants (Part VIII, lin				10,150,913		0
Rayenue		_	m service revenue (Part VIII, lin ment income (Part VIII, column			28,0		11,799,891	
걆	1		revenue (Part VIII, column (A), l				592,	-	737,365
			evenue—add lines 8 through 11 (10,771,	517	12,563,414
			and sımılar amounts paıd (Part I				451,	575	125,000
	1		s paid to or for members (Part IX					0	0
8		5-10)	s, other compensation, employee	e benefits (Part 1x, Column (A)	, iiiles		5,032,8	379	6,716,061
Expenses			sional fundraising fees (Part IX, c					0	0
五			ndraising expenses (Part IX, column (D),						
			expenses (Part IX, column (A), li expenses Add lines 13–17 (mus				4,858,		5,196,883 12,037,944
			ue less expenses Subtract line 1			428,		525,470	
S & &						Beginr	ing of Curre Year	nt	End of Year
Not Assets or Fund Balances	20 7	Γotala	ssets (Part X, line 16)				9,739,4	438	10,428,078
end		21 Total liabilities (Part X, line 26)						739	445,410
			sets or fund balances Subtract II ature Block	ine 21 from line 20	• •		9,211,6	599	9,982,668
Unde my k	r penaltı	es of p	perjury, I declare that I have example the I have example that I have example that I have example that I h						
							2015-12-17		
Sigr		_	ture of officer				Date		
Her	e		T BOOKER SECRETARY-TREASURER or print name and title						
			rint/Type preparer's name COTT E HALLBERG CPA	Preparer's signature SCOTT E HALLBERG CPA	Da		Check I if	PTIN P0108	31188
Paid		⊢	im's name				self-employed Firm's EIN ► 4		
Preparer			rm's address ► 7501 WISCONSIN AVENU WEST BETHESDA, MD 20814	JE SUITE 1200			Phone no (202) 331-9	9880

▼Yes

No

1 E SEE SC 2 D th	Check if S riefly describe HEDULE O FO Id the organiza e prior Form 99 "Yes," describ id the organiza ervices? "Yes," describ	the organization's mission R DETAILS tion undertake any significant pr 90 or 990-EZ?	or note to any line in this Part III ogram services during the year wh	nich were not listed on	Yes ▼ No
2 D th	id the organizate prior Form 99 "Yes," describing the organizate priors? "Yes," describescribe the org	tion undertake any significant pr 90 or 990-EZ?			,
2 D th	id the organizate prior Form 99 "Yes," describing the organizatervices? "Yes," describescribe the org	tion undertake any significant pr 90 or 990-EZ?			,
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th I1	e prior Form 99 "Yes," describ id the organiza ervices? "Yes," describ escribe the org	e these new services on Schedution cease conducting, or make services on Schedution cease conducting.			,
	id the organiza ervices? "Yes," describ escribe the org	tion cease conducting, or make s	ignificant changes in how it condu	icts, any program	□ Yes ▽ No
3 D	ervices? "Yes," describ escribe the org	e these changes on Schedule O		icts, any program	□ Yes ▽ No
S	escribe the org	-			, 100 , 110
Ιſ		ianization's program service acci			
e			omplishments for each of its three nizations are required to report the program service reported		
4a	Code) (Expenses \$	including grants of \$) (Revenue \$)
			REPRESENTATIONAL ACTIVITIES, LEGISLA REST OF BUILDING AND CONSTRUCTION		ASSISTANCE TO
4b	Code) (Expenses \$	including grants of \$) (Revenue \$)
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4c	Code) (Expenses \$	including grants of \$) (Revenue \$)
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	· -	services (Describe in Schedule i			
	Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program s	service expenses 🕨			

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		.,	
	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	11e 11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	厂_					
4-	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialists.		Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 52 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable								
	gaming (gambling) winnings to prize winners?	1 c	Yes						
Za	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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes						
ь	If "Yes," enter the name of the foreign country CA								
	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? \cdot .	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes						
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b		No					
7 a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and								
h	services provided to the payor?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b							
	file Form 8282?	7 c							
_	74								
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							
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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

Se	ction A. Governing Body and Management										
			Yes	No							
1 a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent										
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο							
6	Did the organization have members or stockholders?	6	Yes								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	Yes								
b	Each committee with authority to act on behalf of the governing body?	8b	Yes								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)							
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	Yes								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Yes								
b	Other officers or key employees of the organization	15b	Yes								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b									
Se	ection C. Disclosure										
17	List the States with which a copy of this Form 990 is required to be filed▶										
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website Vpon request Other (explain in Schedule O)										

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

WASHINGTON, DC 20006 (202) 347-1461

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	chenic e Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEAN MCGARVEY	40 00					<u>č</u>				
PRESIDENT		Х		Х				414,176	0	90,572
(2) BRENT D BOOKER SECRETARY/TREASURER	40 00	Х		х				326,262	0	97,144
(3) FRANK CHRISTENSEN	1 00	х		х				2,000	0	0
VICE PRESIDENT								2,000		
(4) EDWIN D HILL	1 00	×		x				1,000	0	0
VICE PRESIDENT - RETIRED								,		
(5) JAMES GROGAN VICE PRESIDENT	1 00	х		х				1,500	0	0
(6) KENNETH RIGMAIDEN	1 00	х		Х				1,500	0	0
VICE PRESIDENT								_,,,,,		
(7) NEWTON JONESVICE PRESIDENT	1 00	х		х				2,000	0	0
(8) WILLIAM P HITE	1 00	х		х				2,500	0	0
VICE PRESIDENT (9) KINSEY ROBINSON	1 00									
VICE PRESIDENT		Х		Х				2,500	0	0
(10) PATRICK D FINLEY	1 00									
VICE PRESIDENT		X		Х				2,000	0	0
(11) JAMES P HOFFA	1 00	х		х				500	0	0
VICE PRESIDENT (12) TERRY O'SULLIVAN	1 00									
VICE PRESIDENT		х		х				2,500	0	0
(13) JAMES BOLAND	1 00						T			
VICE PRESIDENT		Х		Х				2,000	0	0
(14) WALTER WISE	1 00	х		Х				0	0	0
VICE PRESIDENT - RETIRED									0	
										Form 990 (2014)

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

(A) Name and Title		(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: thai	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
. ,	OE NIGRO	1 00	x		x				1,500	0		
VICE	PRESIDENT - RETIRED	1.00							1,500			
	AMES T CALLAHAN	1 00	x		x				1,500	0		0
	PRESIDENT OSEPH SELLERS JR	1 00										
	PRESIDENT		Х		×				500	0		0
	ONNIE STEPHENSON	1 00			<u> </u>				_			
	PRESIDENT		X		Х				0	0		0
` ,	RIC DEAN	1 00	x		х				0	0		
VICE	PRESIDENT		<u> </u>		L ^							
	ROBERT BLAKELY	40 00					x		207,781	0		46,248
	TOR OF CANADIAN AFFAIRS IICHAEL A MONROE	40 00										
	OF STAFF	ļ					Х		188,232	0		59,987
(22)	VILLIAM P KACZOROWSKI	40 00					,		160.040			71.000
	CTOR OF FIELD SERVICES						Х		160,948	0		71,090
, ,	PEYTON T HAIRSTON JR	40 00					l x		143,214	0		54,269
DIREC	CTOR OF GULF COAST OPERATIONS											
	SONIA RAMIREZ	40 00					x		171,975	0		54,898
GOVE	RNMENT AFFAIRS DIRECTO		<u> </u>	<u> </u>			<u> </u>				<u> </u>	
	Sub-Total						b -1					
C	Total from continuation sheets to Part	VII Section A		•	•		. ⊢					
d	Total (add lines 1b and 1c)	-		٠.	٠.		. ⊢		1,636,088	0		474,208
2	Total number of individuals (including b			liste	ed a	bove	e) who	rece	l erved more than			
	\$100,000 of reportable compensation	from the organiz	zatıon▶	-13								
											Yes	No
3	Did the organization list any former offi	cer, director or	truste	e, key	y en	nplo	yee, o	r hıgl	hest compensate	d employee		
	on line 1a? If "Yes," complete Schedule 3	for such individ	lual .		-					3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?		-						_		Tes	No
	ction B. Independent Contracto											
1	Complete this table for your five highes compensation from the organization Re										tax year	
		(A) Jusiness address								(B) on of services	(C	
900 7	MAN DUNN COHEN LEIFER & YELLIG TH STREET NW	usiliess audress							LEGAL SERVICES		Compe	977,687
GROS 714 H	INGTON, DC 20001 SMAN HEINZ LLC OPMEADOW STREET SUITE 3 BURRY, CT 06070								GOVERNMENT AI CONSULTANT	FFAIRS		240,000
BGR (BROUP HIRTEENTH STREET NW INGTON, DC 20005								CONSULTING			177,175

CONSULTING

121,875

Form 99						Page 9
Part V	/	Statement of Revenue Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 £	1a	Federated campaigns 1a	_			
rant	Ь	Membership dues 1b	_			
ē ē	С	Fundraising events 1c	_			
iffs lary	d	Related organizations 1d	_			
S, C	е	Government grants (contributions) 1e				
tion r. S	f	All other contributions, gifts, grants, and similar amounts not included above				i i
ig #	و ا	Noncash contributions included in lines	1			}
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines 1a-1f	-			
<u>ت =</u>		_	+			
E e	2a	MEMBERSHIP DUES Business Code 90009	9 10,815,531	10,815,531		
Э.	Ь	CONFERENCE REVENUE 90009	· · ·			
E e c	С		,	,		
ž.	d					
<u>.</u>	е					
Program Service Revenue	f	All other program service revenue				
<u>*</u>	g	Total. Add lines 2a-2f	11,799,891			
	3	Investment income (including dividends, interest, and other similar amounts)	26,158			26,158
	4	Income from investment of tax-exempt bond proceeds $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
	5	Royalties				
	6a	(1) Real (11) Personal Gross rents	-			
	Ь	Less rental				
	c	expenses Rental income	1			
	d	or (loss) Net rental income or (loss)	1			
		(ı) Securities (ıı) O ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
	С	sales expenses Gain or (loss)	1			
	d	Net gain or (loss)				
ė	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
<u> </u>	ь	Less direct expenses b	1			
₹	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b	1			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances . a 75,003				
	ь	Less cost of goods sold b 27,128				
	С	Net income or (loss) from sales of inventory	47,875	47,875		
	11a	ADMINSITRATIVE SERVCIE REIMBURSEM	9 637,874	637,874		
	ь	OTHER REVENUE 90009	9 35,198	35,198		
	С	ATTORNEY'S CONFERENCE 90009	9 10,185	10,185		
	d	All other revenue	6,233	6,233		
	е	Total. Add lines 11a-11d	689,490			
	12	Total revenue. See Instructions	12,563,414	12,537,256	(26,158

Form 990 (2014) Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										

	Check it Schedule O contains a response or note to any line in this i	ailix	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	125,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	940,216			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,623,645			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	869,477			
9	Other employee benefits	996,969			
10	Payroll taxes	285,754			
11	Fees for services (non-employees)				
а	Management				
b	Legal	899,991			
c	Accounting	58,050			
d	Lobbying				_
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	463,292			
12	Advertising and promotion	171,311			
13	Office expenses	387,703			
14	Information technology	167,168			
15	Royalties				
16	Occupancy	508,373			
17	Travel	664,705			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	971,892			
20	Interest				
21	Payments to affiliates	67,057			
22	Depreciation, depletion, and amortization	133,680			
23	Insurance	131,722			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EVENT JOURNALS	253,454			
b	CONTRIBUTIONS TO POLITI	194,503			
c	DUES AND SUBSCRIPTIONS	62,780			
d	REMUNERATION	55,458			
e	All other expenses	5,744			
25	Total functional expenses. Add lines 1 through 24e	12,037,944			
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)	,,-			

Part X Balance Sheet

Par	ιχ	Check if Schedule O contains a response or note to any line in this F	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		78,239	1	1,049,318
	2	Savings and temporary cash investments		5,063,332	2	4,237,372
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		200,775	4	218,733
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part II Schedule L	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as def $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contraind sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) Complete Part II of Schedule L	buting employers		6	
88	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use		28,350		71,261
	9	Prepaid expenses and deferred charges		56,905		242,725
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		,	9	242,125
	Ь	Less accumulated depreciation		697,771	10c	704,542
	11	Investments—publicly traded securities	<u> </u>	,	11	
	12	Investments—other securities See Part IV, line 11		3,614,066	12	3,904,127
	13	Investments—program-related See Part IV, line 11		3,511,655	13	5,551,121
	14	Intangible assets			14	
	15				15	
	16	Other assets See Part IV, line 11		9,739,438	16	10,428,078
				520,279	17	377,293
	17 18	Accounts payable and accrued expenses		320,219	18	311,293
				3,325	19	63,900
	19	Deferred revenue		3,325		65,900
	20	Tax-exempt bond liabilities			20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabiliti	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified	·			
<u> </u>		persons Complete Part II of Schedule L			22	_
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X of D		4,135	25	4,217
	26	Total liabilities. Add lines 17 through 25		527,739	26	445,410
Ф Ф		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ ar lines 27 through 29, and lines 33 and 34.		·		,
JL JL	27	Unrestricted net assets		9,211,699	27	9,982,668
<u> </u>	28	Temporarily restricted net assets		,,	28	,,
	29	Permanently restricted net assets			29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here				
ō	30	complete lines 30 through 34.			30	
Assets	30 31	Capital stock or trust principal, or current funds			31	
<u> </u>		Paid-in or capital surplus, or land, building or equipment fund			32	
	32	Retained earnings, endowment, accumulated income, or other funds		9,211,699		9,982,668
Net	33	Total net assets or fund balances			33	
	34	Total liabilities and net assets/fund balances	• •	9,739,438	34	10,428,078

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,5	563,414
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,0	37,944
3	Revenue less expenses Subtract line 2 from line 1	3		Ĺ	525,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,7	211,699
5	Net unrealized gains (losses) on investments	5			234,539
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			10,960
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,9	982,668
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493351003055

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

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

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

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

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

• 3	Section 501(c)(4), (5), or (6	6) organizations Complete Part III				
BUI	me of the organization ILDING AND CONSTRUCTION TR PARTMENT AFL-CIO	ADES				ntification number
		ne organization is exempt ur	der section 501	(c) or is a	53-0025755 section 527	
						or gamzation.
1 2	·	the organization's direct and indirect	political campaign ac	tivities in Pa	LC I V	
3	Political expenditures Volunteer hours				•	\$
•	volunteer nours					
Par	t I-B Complete if th	ne organization is exempt ur	der section 501	(c)(3).		
1	Enter the amount of any	excise tax incurred by the organizati	on under section 495	5	►	\$
2	Enter the amount of any	excise tax incurred by organization r	nanagers under sectio	on 4955	▶-	\$
3	If the organization incur	red a section 4955 tax, did it file Fori	m 4720 for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Par	tIV				
Par	t I-C Complete if th	ne organization is exempt ur	der section 501	(c), excep	t section 50)1(c)(3).
1	Enter the amount directl	y expended by the filing organization	for section 527 exem	npt function a	ctivities 🕨	\$
2	Enter the amount of the feature exempt function activities	filing organization's funds contributed es	d to other organization	ns for section	527 ►	\$
3	Total exempt function ex	penditures Add lines 1 and 2 Enter	here and on Form 11	20-POL, line	17b ►	\$
4	Did the filing organizatio	n file Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made paym amount of political contr separate segregated fun	ses and employer identification numlents. For each organization listed, entibutions received that were promptly donal political action committee (PA	ter the amount paid fi and directly delivered C) If additional space	rom the filing d to a separat	organızatıon's e political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	filing org	nt paid from anization's ne, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	POLITICAL EDUCATION FUND THE BCTD NON-FEDERAL	815 16TH STREET WASHINGTON, DC 20006	91-2063810			194,503

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

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is e filed Form 5768 (election under	exempt under section 501(c)(3) and has I section 501(h)).	ТОИ				
For e	each "Yes" response to lines 1a through 1i below, provide		(a	1)	(b)	
activ		m rune iv a decaned description of the lobbying	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to legislation, including any attempt to influence public through the use of Volunteers?		ĺ				
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?						_
е	Publications, or published or broadcast statements?	,					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, governm	ent officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, spe Other activities?	eches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i		_				
2a b	Did the activities in line 1 cause the organization to If "Yes," enter the amount of any tax incurred under	<u> </u>					
c	If "Yes," enter the amount of any tax incurred by org	janization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax	, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is e 501(c)(6).	exempt under section 501(c)(4), section 5	501(c))(5), c	r sec	tion	
					Y	es N	ю
1	Were substantially all (90% or more) dues received			L	1 Y	es	
2	Did the organization make only in-house lobbying ex				2		Ιo
3	Did the organization agree to carry over lobbying an				3		Ю
Par		exempt under section 501(c)(4), section 5 Part III-A, lines 1 and 2, are answered "					,
1	Dues, assessments and similar amounts from memb	pers	1				
2	Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid						
a	,		2a				_
D	Carryover from last year		2b				
c	Total) nations of nandadisability continue 162(a) disc	2c				_
3	Aggregate amount reported in section 6033(e)(1)(A		3				_
4	If notices were sent and the amount on line 2c exce does the organization agree to carryover to the reas political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditure	es (see instructions)	5				_
Pa	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line 1, Pai (see instructions), and Part II-B, line 1 Also, complete		ıp lıst),	Part II	-A , line	s 1 an	d
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493351003055

OMB No 1545-0047

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 www.irs.gov/form990.

Open to Public Inspection

	of the organization		Emp	loyer identification number
	NG AND CONSTRUCTION TRADES MENT AFL-CIO			0025755
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L To	otal number at end of year			
2 A (ggregate value of contributions to (during year)			
S A	ggregate value of grants from (during year)			
Αç	ggregate value at end of year			
	ıd the organızatıon ınform all donors and donor advıscınds are the organızatıon's property, subject to the or		nor advi	sed Yes No
us	id the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benef onferring impermissible private benefit?			
art 1	II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
 	urpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	ically important land area d historic structure n of a conservation
ea	asement on the last day of the tax year			
_				Held at the End of the Year
	otal number of conservation easements		2a	
	otal acreage restricted by conservation easements		2b	
	umber of conservation easements on a certified histo	• •	2c	
	umber of conservation easements included in (c) acq storic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
N	umber of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
th	ne tax year 🗠			
N	umber of states where property subject to conservati	on easement is located ►		
	oes the organization have a written policy regarding t nforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of	violations, and Yes No
S ^t	taff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments c	luring the year
	mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durınç	g the year
	oes each conservation easement reported on line 2(cond section 170(h)(4)(B)(ii)?	i) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
ba	n Part XIII, describe how the organization reports cor alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easeme	e footnote to the organization's financia nts	l stater	ments that describes
art I	Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	her Similar Assets.
W	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asseervice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	arch in furtherance of public
b If	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance sheet
(i) Revenue included in Form 990, Part VIII, line 1			► \$
(i	i) Assets included in Form 990, Part X			▶ \$
Ιf	the organization received or held works of art, histori llowing amounts required to be reported under SFAS			
R	evenue included in Form 990, Part VIII, line 1			▶ \$
ь д	ssets included in Form 990, Part X			▶ \$

Part	TITLE Organizations Maintaining Co	llections of Art,	, His	tori	cal T	<u>reasu</u>	<u>res, or O</u>	the	r Similar As	<u>ssets</u>	(continu	<u>ied)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	neck	any of	the follo	owing that a	re a	significant us	e of its		
а	Public exhibition		d	Γ	Loan	or excl	hange progr	ams				
b	Scholarly research		е	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	w the	y furth	er the o	organization	's ex	empt purpose	ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	o be maintained as	part o	of the	organ	ization'	s collection	?		┌ Ye	5	1 0
Par	Part IV, line 9, or reported an am						n answered	Y" t	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontribi	utions d	or other ass	ets r	not	┌ Ye	5 F	1 0
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
									Α	mount		
С	Beginning balance							1c				
d	Additions during the year						_	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a b	Did the organization include an amount on Fo									┌ Ye	5	Ю
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete i										•	
FG	Endownent i ands. complete i	(a)Current year)Prior					Three years back		ır years b	ack
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a)) h	neld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation '	that	are hel	d and a	dministered	for	the	_		
	organization by	_									es No	_
	(i) unrelated organizations			•				•		(i)		_
b	(ii) related organizations								3a	(II) Bb		_
4	Describe in Part XIII the intended uses of th	<u>=</u>						•		ן שי		_
	t VI Land, Buildings, and Equipme					n ansv	vered 'Yes	' to	Form 990, P	art IV	, line	
	11a. See Form 990, Part X, line 1						_					
	Description of property) Cost o		(b) Cost or o		(c) Accumulat depreciation		l) Book va	ılue
1a	Land											
b	Buildings											
c	Leasehold improvements											
	Equipment						2,142	2,848	1,438,	306	704,	,542
					D) /	10(:))			<u> </u>			F 4 2
ıota	I. Add lines 1a through 1e (Column (d) must ed	quai rorm 990, Part X	, colu	ımn (ರ), Iine	10(c).)		•			-	,542
									Schedule	D (For	n 990) 2	201

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives	+	Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)ULLICO STOCKS	3,904,127	F
	+	
(2) (2) (2)	3,904,127	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of cha of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Descri		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
		(-)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nızatıon answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ESCRO W ACCOUNTS	4,217	
	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

Part	IX :		evenue per Audited Financial Statements With Revenue po vered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1	Tota		r support per audited financial statements	1	12,825,081
2			it not on Form 990, Part VIII, line 12		
а	Netι	ınrealızed gaıns (losses) (on investments 2a 234,539		
b			acilities		
С	Reco	veries of prior year grants	s		
d					
e		ines 2a through 2d .		2e	234,539
3		ract line 2e from line 1 .		3	12,590,542
4	A mo	unts included on Form 99	0, Part VIII, line 12, but not on line 1		, ,
а			uded on Form 990, Part VIII, line 7b . 4a		
b		•	4b -27,128		
С				4c	-27,128
5	Tota	revenue Add lines 3 and	I 4c. (This must equal Form 990, Part I, line 12)	5	12,563,414
Part			xpenses per Audited Financial Statements With Expenses	per	
			swered 'Yes' to Form 990, Part IV, line 12a.		·
1	Total	expenses and losses per	raudited financial statements	1	12,065,072
2	A mo	ints included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Dona	ted services and use of fa	acılıtıes		
b	Prior	year adjustments			
C	Othe	rlosses			
d	O the	r (Describe in Part XIII)			
e	A dd I	ines 2a through 2d		2e	27,128
3	Subti	ract line 2e from line 1 .		3	12,037,944
4	A mo	ınts ıncluded on Form 990	0, Part IX, line 25, but not on line 1:		
а	Inve	stment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	O the	r (Describe in Part XIII)	4b		
C	Addl	ınes 4a and 4b		4 c	0
5	Total	expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	12,037,944
Part	XIII	Supplemental Inf	ormation		
Part '			Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Re	turn Reference	Explanation		
PART	X, LIN	E 2	THE DEPARTMENT ACCOUNTS FOR INCOME TAXES IN ACCORDANCE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TO PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTIN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETUPERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR 30, 2015 AND DETERMINED THAT THERE WERE NO MATTERS THAT RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAV TAX-EXEMPT STATUS AS OF JUNE 30, 2015 THE STATUTE OF LIMIT 2010 THROUGH 2012 REMAINS OPEN WITH THE US FEDERAL JURIS VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE DEPART	TAXESTING EMEN ND DE RN 1 THE WOU 'E AN FATIC	S THESE G FOR UNCERTAINTY ITS AND PRESCRIBE ERECOGNITION OF THE DEPARTMENT YEAR ENDED JUNE LD REQUIRE N EFFECT ON ITS ONS FOR TAX YEARS
ADJUS	STMEN		INVENTORY COSTS ON FORM 990, PART VIII, LINE 10B -27,128		
PART ADJUS		NE 2D - OTHER ITS	INVENTORY COSTS ON FORM 990, PART VIII, LINE 10B 27,128		

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493351003055

OMB No 1545-0047

2014

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Statement of Activities Outside the United States

Department of the Treasury
Internal Revenue Service

SCHEDULE F

(Form 990)

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

Open to Public Inspection

	e of the organization LDING AND CONSTRUCTION TR	ADES				Employer identif	ication number		
	ARTMENT AFL-CIO					3-0025755			
Pa	"Yes" to Form 990, Pa			he United States. (Complete	f the organiza	tion answered		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monito	ring the us	se of its grants	and other		
3	Activites per Region (The follow	ing Part I, line :	3 table can be d	uplicated if additional sp	pace is nee	ded)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program s	y listed in (d) is a ervice, describe fic type of (s) in region	(f) Total expenditures for and investments in region		
(1	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	0	PROGRAM SERVICES	PROGRAM ACTIVITI REPRESEN ACTIVITI LEGISLAT POLITICA EDUCATICA ASSISTAN ORGANIZA PROMOTE PROTECT INTEREST BUILDING CONSTRU TRADE UN THEIR ME	SERVICE ES ARE ITATIONAL ES, IVE AND L ON, AND ICE TO ATIONS THAT AND THE OF AND CTION IONS AND	928,193		
(2)								
(3)								
(4)								
(5)								
32	3 Sub-total	1	0				928,193		
	Total from continuation sheets to Part I	0	0				0		

0

c Totals (add lines 3a and 3b)

928,193

Pā						ited States. Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MONITORS SUBSIDIES TO OTHER ORGANIZATIONS ON A CASE BY CASE BASIS RECORD S ARE MAINTAINED TO SUBSTANTIATE THE AMOUNT, ELIGIBILITY AND USE

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88-0176297

47-2251275

Schedule I

(Form 990)

Department of the Treasury

(3) NORTHERN NEVADA

(4) FOUNDATION FOR FAIR

CONTRACTING CHOICE

815 16TH STREET NW WASHINGTON, DC 20006

1819 HYMER AVENUE

SPARKS, NV 89431

BCTC

SUITE 106

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

501(C)(5)

501(C)(5)

Attach to Form 990.

OMB No 1545-0047

DLN: 93493351003055

Open to Public

√ Yes

ASSISTANCE TO THE ORGANIZATION

ASSISTANCE TO THE

ORGANIZATION

Internal Revenue Service	Fill officiation about schedule 1 (Form 990) and its instructions is at www.irs.gov/101111990.		Inspection
Name of the organization		Employe	r identification number
BUILDING AND CONSTRUCTION TRADE DEPARTMENT AFL-CIO		53-002	5755
Part I General Information on	Grants and Assistance		

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) A mount of cash (e) A mount of non-(a) Name and address of (b) EIN (f) Method of (g) Description of (h) Purpose of grant valuation organization ıf applıcable non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) (1) PLAN FOR THE 53-0186128 501(C)(5) 35.000 ANNUAL ASSISTANCE TO THE SETTLEMENT OF JURISDICTIONAL ORGANIZATION DISPUTES 815 16TH STREET NW WASHINGTON, DC 20006 37-1370206 501(C)(5) 50,000 OPERATIONAL (2) NATIONAL ALLIANCE SUPPORT FOR FAIR CONTRACTING 905 16TH STREET NW WASHINGTON, DC 20006

25,000

5,000

(5) SOUTHERN COMPANY -47-6757796 501(C)(5) 10,000 ASSISTANCE TO THE NABTU LMCC ORGANIZATION 815 16TH STREET NW WASHINGTON, DC 20006

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	>	(
2	Enter total number of other organizations listed in the line 1 table	b.	

Schedule I (Form 990) 2014									
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.								
	Part III can be duplicated if additional space is needed.								

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
· · · · · · - , · · -	THE ORGANIZATION MONITORS SUBSIDIES TO OTHER ORGANIZATIONS ON A CASE BY CASE BASIS RECORDS ARE MAINTAINED TO SUBSTANTIATE THE AMOUNT, ELIGIBILITY AND USE

Schedule I (Form 990) 2014

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DLN: 93493351003055

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **BUILDING AND CONSTRUCTION TRADES** DEPARTMENT AFL-CIO

Employer identification number

53-0025755

Pa	rt I Questions Regarding Compensatio	n	100 00 20700			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply				
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νο
c				4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
. ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 SEAN MCGARVEY, PRESIDENT	(i) (ii)	351,640 0	0 0	62,536 0	63,400 0	27,172 0	504,748	0
2 BRENT D BOOKER, SECRETARY/TREASURER	(i) (ii)	263,730 0	0 0	62,532 0	63,400 0	33,744 0	423,406 0	0
3 ROBERT BLAKELY, DIRECTOR OF CANADIAN AFFAIRS	(i) (ii)	199,883	440	7,458	35,780 0	10,468	254,029 0	0
4 MICHAEL A MONROE, CHIEF OF STAFF	(i) (ii)	183,687 0	507	4,038	45,085 0	14,902 0	248,219 0	0 0
5 WILLIAM P KACZOROWSKI, DIRECTOR OF FIELD SERVICES	(i) (ii)	156,229 0	507	4,212	38,495 0	32,595 0	232,038	0
6 PEYTON T HAIRSTON JR, DIRECTOR OF GULF COAST OPERATIONS	(i) (ii)	138,846 0	0	4,368	34,323 0	19,946 0	197,483	0
7 SONIA RAMIREZ, GOVERNMENT AFFAIRS DIRECTO	(i) (ii)	167,272 0	507	4,196	40,145	14,753 0	226,873	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE PRESIDENT AND THE SECRETARY-TREASURER RECEIVED TRAVEL FOR COMPANIONS AND DISCRETIONARY SPENDING ACCOUNT BENEFITS DURING THE YEAR ALL OF THE DISCRETIONARY SPENDING ACCOUNT BENEFITS WERE TREATED AS TAXABLE COMPENSATION

Schedule J (Form 990) 2014

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DLN: 93493351003055

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
BUILDING AND CONSTRUCTION TRADES
DEPARTMENT AFL-CIO

Employer identification number
53-0025755

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE ORGANIZATION IS MADE UP OF THE PRESIDENTS OF THE 14 AFFILIATED UNIONS
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS DELEGATES FROM EACH OF THE 14 AFFILIATED UNIONS WHO ARE ENTITLED TO V OTE DURING THE ELECTIONS OF THE PRESIDENT AND THE SECRETARY TREASURER AT THE REGULAR CONVE NTIONS THE PRESIDENT OF EACH OF THE AFFILIATED UNIONS IS A VICE PRESIDENT OF THE ORGANIZA TION AND IS A MEMBER OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED IN DETAIL BY THE CONTROLLER AND THE INDEPENDENT PUBLIC ACCOUNTANT S PRIOR TO FILING AFTER THE FORM HAS BEEN FILED IT IS MADE AVAILABLE TO THE FULL BOARD
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS POSTED AND INCLUDED IN THE EMPLOYEE HANDBOOK AND PROVID ED TO THE FULL BOARD ANY POTENTIAL CONFLICTS ARE FIRST REPORTED TO THE DIRECTOR OF OPERAT IONS IF A CONFLICT IS FOUND TO EXIST IT IS REPORTED TO THE PRESIDENT AND IF DEEMED NECESS ARY IT IS REVIEWED BY THE FULL BOARD CONFLICTS INVOLVING AN OFFICER OR BOARD MEMBER IS EV ALUATED BY THE FULL BOARD AND APPROPRIATE ACTION IS TAKEN
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR BOTH OFFICERS AND ALL OTHER EMPLOYEES IS DETERMINED AND APPROVED ANNU ALLY BY THE GOVERNING BOARD THE MAJORITY OF WHICH ARE INDEPENDENT
FORM 990, PART VI, SECTION C, LINE 18	ITEMS ARE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC UNLESS REQUIRED BY LAW
FORM 990, PART XI, LINE 9	TRANSFERS FROM MERGED COUNCIL 10,960
FORM 990, PART XII, LINE 2C	THE PROCESS DID NOT CHANGE FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493351003055

OMB No 1545-0047

2014

Open to Public
Inspection

(g)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury Internal Revenue Service

Name of the organization
BUILDING AND CONSTRUCTION TRADES
DEPARTMENT AFL-CIO
5

Employer identification number

53-0025755

(d)

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					

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

(c)

(b)

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	(13) co	n 512(b) ontrolled itity?
						Yes	No
(1) POLITICAL EDUCATION FUND OF THE BCTD 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006 52-1142207	SEPARATE SEGREGATED FUND	DC	527				No
(2) CTR FOR MILITARY RECRUIT ASSESSMENT AND VETERANS EMPLOYMENT 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006 43-1972568	TO PROMOTE CAREERS IN THE CONSTRUCTION INDUSTRY	DC	501(C)(3)	170(B)(1) (A)(VI)			No
(3) POLITICAL EDUCATIONAL FUND OF THE BCTD NON-FEDERAL 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006 91-2063810	SEPARATE SEGREGATED FUND	DC	527				No
(4) AFL-CIO 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006 53-0228172	FEDERATION OF LABOR UNIONS	DC	501(C)(5)				No
(5) NATIONAL COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006 52-1041104	SOCIAL WELFARE ADVOCACY GROUP	DC	501(C)(4)				No

(a)

Yes No

Yes

No

Part III	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.											
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership	
					,							

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

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

(4) NATIONAL COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS

(5) AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZAITONS

Part	V	$\textbf{Transactions With Related Organizations} \ \ \text{Complete if the organization a}$	nswered "Yes" on For	m 990, Part IV, line	e 34, 35b, or 36.		
No	ote. 🤇	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 Durir	ng th	e tax year, did the orgranization engage in any of the following transactions with one or mo	ore related organizations	listed in Parts II-IV?			
a R	eceip	t of (i) ınterest, (ii) annuıtıes, (iii) royaltıes, or (iv) rent from a controlled entıty			1a		No
b G	ıft, gı	ant, or capital contribution to related organization(s)			1b		No
c G	ıft, gr	ant, or capital contribution from related organization(s)			10		No
d Lo	oans	or loan guarantees to or for related organization(s)			1d		No
e Lo	oans	or loan guarantees by related organization(s)			1e		No
f D	ıvıde	nds from related organization(s)			1f		No
		assets to related organization(s)			1 g		No
h Pi	urcha	se of assets from related organization(s)			1h		No
i Ex	chan	ge of assets with related organization(s)			1i		No
		of facilities, equipment, or other assets to related organization(s)			<u>1j</u>	Yes	
k Le	ease	of facilities, equipment, or other assets from related organization(s)			1k	Yes	
I Pe	erforn	nance of services or membership or fundraising solicitations for related organization(s)			11	Yes	
m Pe	erforn	nance of services or membership or fundraising solicitations by related organization(s)			1n	า	No
n Sh	arıng	of facilities, equipment, mailing lists, or other assets with related organization(s)			11	•	No
o S	harın	g of paid employees with related organization(s)			10		No
p Re	eımb	ursement paid to related organization(s) for expenses			1p		No
q R	eımb	ursement paid by related organization(s) for expenses			1q		No
r 01	thert	ransfer of cash or property to related organization(s)			<u>1</u> r		No
s 0	ther	ransfer of cash or property from related organization(s)			1s		No
2 If	the a	nswer to any of the above is "Yes," see the instructions for information on who must comp	plete this line, including	covered relationships	and transaction thresholds		
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolve	d
(1) CENT	ER FC	R MILITARY RECRUITMENT ASSESSMENT AND VETERANS EMPLOYMENT	J	32,556			
(2) CENT	ER FO	R MILITARY RECRUITMENT ASSESSMENT AND VETERANS EMPLOYMENT	L	36,000			
(3) NATIO	ONAL (COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS	J	38,419			

K

69,074

439,338

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	r (related, unrelated,	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								,	\Box	1			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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