

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ 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

2015

Open to Public

nterna	l Rever	nue Servic	ce										
\ F	or the :	2015 ca	lendar year, or tax year be	eginning 07-01-2015 , and ending 06	5-30-2016								
Che	ck if ap	plicable	C Name of organization INTERNATIONAL ASSN OF BR	IDGE STRUCTURAL			D Empl	oyer iden	tification number				
	dress ch	hange	ORNAMENTAL AND REINFOR % BERNARD EVERS				43-0	337330	ı				
_	me cha	-	Doing business as										
_	tıal retu	ırn					E Talaal						
Fıı eturn/	ıaı termına	ited	Number and street (or P O b 1750 NEW YORK AVE NW SU	box if mail is not delivered to street address)	Room/suite		E Telepi	none numb	er				
Am	ended r	return					(202) 383-4	800				
Apı	olication	pending	City or town, state or province WASHINGTON, DC 2000653	ce, country, and ZIP or foreign postal code									
			,				G Gross	receipts \$	100,315,283				
			F Name and address of period of the Frictor of th	principal officer		H(a) Is the	s a grou	p return	for				
			1750 NEW YORK AVE N	IW STE 700			dinates	>	☐ Yes 🗸				
			WASHINGTON, DC 200	006		Nо н(b) Are a	ll subord	linates					
Ta	(-exem	pt status	501(c)(3) ✓ 501(c)	(5) ◀ (insert no)	_	inclu	ded?		⊤Yes				
w	ebsit e:	:► ww	W IRONWORKERS ORG				•		(see instructions)				
						H(c) Grou							
Forr	n of org	anızatıon	Corporation Trust	Association Other >		L Year of fo	mation I	896 M	State of legal domicile D				
Pa	rt I	Sum	mary										
				nission or most significant activities									
			- :	I, ornamental & reinforcing iron worke	rs serves	as the labor	organız	atıon for	various segment of				
ų	the	e ironwo	ronworking industry in the US and Canada										
=													
<u></u>													
GOVERNATION	2 C	heck th	is box ▶ ┌ if the organiza	tion discontinued its operations or dis	sposed of	more than 2	5% of it	s net as	sets				
	3 N		-6b					1 - 1	12				
ACUVIUES Q			-	overning body (Part VI, line 1a) .				3	12				
			· -	nbers of the governing body (Part VI,	-			5	0				
3				ed in calendar year 2015 (Part V , line ite if necessary)	•			6	167				
•				rom Part VIII, column (C), line 12.			7a	0					
				ome from Form 990-T, line 34				7a 7b					
	D NO	.c din cic	rea basilless taxable files				r Year	1 70 1	Current Year				
	8	Contri	butions and grants (Part V	/III, line 1h)		1110	. rear	0	- Carrent Tear				
₫	9		- ,	/III, line 2g)		42,895		54,033,248					
Ravenue	10	_	•	column (A), lines 3, 4, and 7d)		2,996	·	1,997,529					
å	11		· · · · · · · · · · · · · · · · · · ·	nn (A), lines 5, 6d, 8c, 9c, 10c, and 1		9,985	' 	540,068					
	12			ugh 11 (must equal Part VIII, column			55,876,634		56,570,845				
		12)					33,670	,034					
	13	Grants	s and similar amounts paid	d (Part IX, column (A), lines 1-3) .			533	,967	580,93				
	14		·	(Part IX, column (A), line 4)	2,761,026		,026	2,628,830					
\$?	15	Saları 5-10)		mployee benefits (Part IX, column (A)), lines		31,654,472		33,457,552				
nse	16a			art IX, column (A), line 11e)				0					
Expenses	ь		indraising expenses (Part IX, coli										
ū	17			n (A), lines 11a-11d, 11f-24e) .			15,980	574	17,703,146				
	18			7 (must equal Part IX, column (A), lir			50,930	-	54,370,462				
	19		•	et line 18 from line 12	•		4,946	-	2,200,383				
S 9		• •	,			Beginning o			End of Year				
anc						beginning o	Current	real	Ellu ol Yeal				
Net Assets of Fund Balances	20		assets (Part X, line 16) .			1	109,193	,094	109,147,886				
	21		liabilities (Part X, line 26)					,195	9,19				
	22			btract line 21 from line 20			109,178	,899	109,138,689				
	t II		ature Block perjury. I declare that I ha	ive examined this return, including ac	Company	na schedule	s and st	atement	s, and to the best of				
ny kr	nowled	ge and i	belief, it is true, correct, ar	nd complete Declaration of preparer (
repa	rer has	s any ki	nowledge										
		****	***			20	16-11-14						
Sign		Signa	ature of officer			Da							
lere		BERN	NARD EVERS GENERAL TREASUR	LER .									
			or print name and title										
	l		rint/Type preparer's name RICHARD L RUVELSON	Preparer's signature RICHARD L RUVELSON	Date	e Che	ck lf	PTIN P00234	075				
Paid	ł	<u> </u>				self-	employed	F 00234					
re	pare	r ⊢	Firm's name BOND BEEBE PO				ı's EIN ►	4) 272 62	00				
	Only	1 -	irm's address ► 4600 EAST-WES			Pho	ne no (30	1) 272-60	υυ				
		-	BETHESDA, MD	208143423									

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			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		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	Yes	
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ 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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
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, Paits 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		
С	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

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Par	rt 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>		
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	16	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>	Yes	
-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		
4a	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	
b	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)	-		NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		1110
С	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	6a		No
h	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 gi	fts		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	1 7a		
b	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			
а	file Form 8282?	7 c		
u	11 Tes, indicate the number of Forms 5252 med during the year 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
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	or 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			
С	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		

orm 990 (2015)		Page
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or describe the circumstances, processes, or changes in Schedule O. See instructions.	10b bel	ow,
Check if Schedule O contains a response or note to any line in this Part VI		
Section 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 12		
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 1b 0		
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?		No
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? .		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .		No
6 Did the organization have members or stockholders?	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?	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?)	No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	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		No
Section B. Policies (This Section B requests information about policies not required by the Internal Revo	nue Co	de.)
	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	a Yes	1

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **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 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Yes 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? **a** The organization's CEO, Executive Director, or top management official . . . 15a Νo 15b Nο 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 16a Νo **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 16b

Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

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

	ı	Own website	Another's website	 ✓ Opon request	Other (explain	n in Schedule O)
_	_					

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records
►BERNARD EVERS 1750 NEW YORK AVE NW STE 700 WASHINGTON, DC 20006 (202) 383-4830

6

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	per more than one box, list unless person is both an urs officer and a ted director/trustee)				box, both a		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Enc Dean	52 7									
General President	3 0	X		×				393,735	0	95,982
(2) Ron Piksa General Secretary	51 5	x		×				349,523	0	99,368
(3) Bernard Evers Jr	48 6									
General Treasurer	3 0	X		×				282,307	0	81,396
(4) John Hurley	48 7									
1st General VP	0 0	X		×				231,602	0	82,161
(5) Marvin Ragsdale 2nd General VP	45 7 	х		×				231,201	0	78,118
(6) Darrell LaBoucan	49 3	×		×				178,721	0	51,356
3rd General VP	0 0									,
(7) Kenneth Bill Dean	48 1	X		×				231,201	0	64,732
4th General VP	0 0									
(8) Stephen Sweeney 5th General VP		×		×				231,201	0	67,857
	0 0 69 8									
(9) Kevin Bryenton 6th General VP		×		×				169,742	0	26,066
(10) Robert Boskovich 7th General VP	46 2	х		×				220,018	0	57,174
(11) Donald Zampa	53 0									
8th General VP	0 0	×		X				218,012	0	57,225
(12) James Mahoney 9th General VP	43 2	х		х				144,347	0	15,032
(13) Kevin Hilton Impact CEO	52 1					х		289,738	0	65,513
(14) Daniel Parker	0 0 60 2						\vdash			
						Х		231,602	0	68,274
Executive Director	0 0									Form 990 (2015

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 for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	other compensation from the
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)		organization and related organizations
(15) Kevin Byrnes	49 3					х		243,816		0 66,760
Exec Asst to General Secretary	0 0					<u> </u>		213,010		30,730
(16) Alfred Higgs Jr Pension Administrator	39 4 0 0					x		231,602		0 76,799
(17) David Kolbe	46 8					,,		222.664		0 66 457
Political & Legislative Rep	0 0					X		232,664		0 66,457
(18) Walter W Wise	0 0						Ī.,	340.050		
General President	0 0						Х	212,360		0 71,137
(19) Joe Standley	0 0						Ī.,			50.049
2nd General VP	0 0						Х	117,775		0 58,042
1b Sub-Total			_	▶						1
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A .			>			4,4	41,167	0	1,249,449

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization Report Compensation for the Calendar year ending	with or within the organization	is tax year
(A) Name and business address	(B) Description of services	(C) Compensation
UNET, 1 SHIPWRIGHT STREET ANNAPOLIS, MD 21401	COMPUTER TECH FEES	777,750
MOSAIC, 4801 VIEWPOINT PLACE CHEVERLY, MD 20781	PRINTING SERVICES	769,345
HARTNETT GLADNEY HETTERMAN, 4399 LACLEDE AVENUE ST LOUIS, MO 63108	LEGAL SERVICES	641,168
BOND BEEBE, 4600 EAST-WEST HWY STE 900 BETHESDA, MD 20814	AUDITING FEES	196,483
GREGORIOMARCO, TWO N LASALLE STE 1650 CHICAGO, IL 60602	LEGAL SERVICES	153,026
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

\$100,000 of compensation from the organization ► 6

orm 99	0 (20	15)						Page 9
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respoi	nse or note to any lin	e 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
s S	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es 1b					
, Gr √mo	С	Fundraising eve	ents 1 c					
ifts. ar 4	d	Related organizations 1d						
s, G mil	е	Government grants (contributions) 1e						
ion r Si	f		ons, gifts, grants, and 1f					
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts no	ot included above					
ntri d O	g	1a-1f \$	ons medaca in inies					
Co an	h	Total. Add lines	s 1a-1f		0			
<u>+</u>	_			Business Code				
ven	2a		S AND ASSESSMENTS	900099	44,018,134	44,018,134		
₹ 2	b	ADMINISTRATIVE E REIMBURSEMENTS		900099	10,015,114	10,015,114		
WC.	С.							
Program Service Revenue	d e							
jra⊓	f	All other progra	am service revenue					
Prog					54.032.240			
			s 2a-2f ome (including dividen		54,033,248			
		and other simila	aramounts)	•	1,914,693			1,914,693
	4 5		stment of tax-exempt bond	·	263,475			263,475
	,	Royalties	(ı) Real	(II) Personal	,			,
	6a	Gross rents						
	b	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss) Net rental incor	l me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	43,620,729	8,000				
	b	Less cost or other basis and	43,545,893					
		sales expenses Gain or (loss)	74,836	8,000				
	c d	· · · · · ·	· · · · · · · · · · · · · · · · · · ·		82,836			82,836
anne •	8a	Gross income fi events (not incl \$	rom fundraising					
Other Revenue			reported on line 1c) ne 18 a					
o t	b	Less direct ex	•					
_	C		(loss) from fundraising	events ▶	0			
		See Part IV, lin	a					
			penses b (loss) from gamıng actı	vities	0			
		Gross sales of returns and allo	inventory, less	• • • • • • • • • • • • • • • • • • •				
			a	121,612				
			oods sold b	198,545	-76,933			76.022
	С	Miscellaneous	(loss) from sales of inv s Revenue	Business Code	-76,933			-76,933
	11a	MISCELLANEC		900099	353,526			353,526
	b							
	С							
	d	All other revenu						
	e	Total. Add lines		•	353,526			
	12	Total revenue.	See Instructions .	· · · · •	56,570,845	54,033,248		2,537,597
								Form 990 (2015)

Part IX Statement of Functional Expenses

Section E01(c)/2) and E01(c)/4) organizations must complet	a all columns. All other or	rannizations must compl	oto column (A)

ection 50	1(c)(3) and	501(c)(4)	org	<u>janı:</u>	zatı	ons	mı	usto	con	nple	ete	all	colu	ımn:	5 <i>P</i>	\ II C	thei	org	jan	ızat	ions	mı	JSt	com	ipie	te c	nulo	nn (<u>A)</u>		
	Check	ıfSc	hedul	e 0 (cont	aın	s a	res	pon	ise (or r	note	e to	an	y lir	e in	th	ıs P	art I	X													
	Г																																

	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	500.034			
2	Grants and other assistance to domestic	580,934			
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15	0			
4	and 16	2,628,830			
5	Compensation of current officers, directors, trustees, and	2,020,030			
•	key employees	3,730,333			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,244,139			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,453,947			
9	Other employee benefits	5,861,045			
10	Payroll taxes	1 160 000			
11	Fees for services (non-employees)	1,168,088			
a	Management	0			
b	Legal	788,916			
c	Accounting	196,483			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	226,817			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	737,059			
12	Advertising and promotion	0			
13	Office expenses	1,734,978			
14	Information technology	844,054			
15	Royalties	0			
16	Occupancy	2,930,404			
17	Travel	1,441,930			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,600,422			
20	Interest	0			
21	Payments to affiliates	1,946,902			
22	Depreciation, depletion, and amortization	631,062			
23	Insurance	149,471			
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	LABOR ORGANIZING EXPENSES	2,795,544			· · ·
b	EMPLOYEE REIMBURSEMENTS	991,189			
c	POLITICAL EDUCATION	300,000			
d	DISTRICT COUNCIL EXPENSES	120,984			
е 	All other expenses	266,931			
25	Total functional expenses. Add lines 1 through 24e	54,370,462			
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)				

33

34

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Part X	Balance	Shee

orm 99	90 (2	015)				Page 11
Part	Х	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this	s Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		2,927,645	1	4,302,845
	2	Savings and temporary cash investments		16,500,716	2	19,812,159
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, did trustees, key employees, and highest compensated employees II of Schedule L		0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instructions II of Schedule L), and 501(c)(9)		5	<u> </u>
SS				0	6	0
⋖	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	11,972,779			
	b	Less accumulated depreciation 10b	8,555,547	3,430,712	10 c	3,417,232
	11	Investments—publicly traded securities		73,758,327	11	70,719,125
	12	Investments—other securities See Part IV, line 11		7,738,829	12	7,738,829
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV , line 11		4,836,865	15	3,157,696
	16	Total assets.Add lines 1 through 15 (must equal line 34)		109,193,094	16	109,147,886
	17	Accounts payable and accrued expenses		0	17	0
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Scheo	lule D	0	21	0
	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie				
Liabilit		persons Complete Part II of Schedule L		0	22	0
: <u>~</u>	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ed third parties,			
				14,195	25	9,197
	26	Total liabilities. Add lines 17 through 25		14,195	26	9,197
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ [lines 27 through 29, and lines 33 and 34.	and complete			
	27	Unrestricted net assets		109,178,899	27	109,138,689
8	28	Temporarily restricted net assets		0	28	0
ב	29	Permanently restricted net assets		0	29	0
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ▶			
: ا ي	30	Capital stock or trust principal, or current funds			30	
. Se	31	Paid-in or capital surplus, or land, building or equipment fund			31	
∢	32	Retained earnings, endowment, accumulated income, or other fu	nds		32	

109,138,689

109,147,886

109,178,899

109,193,094

33

56,570,845

54,370,462

2,200,383

109,178,899

-2,240,593

109,138,689

Yes

Yes

2a

2b

2c

3a

3b

▽

No

Νo

Νo

Nο

Form 990 (2015)

1

2

3

4

5

6

7

8

9

10

Part XI Reconcilliation of Net Assets

ite contentiation of ite in the intention of ite in th								
Check if Schedule O contains a response or note to any line in this Part XI							. 🗸	i
								_

Check	ıf Sche	edule	O	contains	а	resp

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Net unrealized gains (losses) on investments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

Both consolidated and separate basis

Both consolidated and separate basis

DLN: 93493320066846

Employer identification number

43-0337330

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

1

2

3

INTERNATIONAL ASSN OF BRIDGE STRUCTURAL ORNAMENTAL AND REINFORCING IRON WORKERS

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.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Complete if the organization is exempt under section 501(c)(3).

• Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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" on 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Enter the amount of any excise	•	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section (1955 ▶	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501 (c)	, except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to ot	her organızatıons f	or section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes V No
5	organization made payments f amount of political contribution	nd employer identification number (El For each organization listed, enter the is received that were promptly and d political action committee (PAC) If	e amount paid from irectly delivered to	i the filing organization's fo a separate political organ	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	RONWORKERS POL ON LEAGUE	1750 NEW YORK AVE NW WASHINGTON, DC 20006	52-1302076		1,639,120
2					
3					
4					
5					
6					
For F	aperwork Reduction Act Notice, se	e the instructions for Form 990 or 990	- EZ. Cai	No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	rying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi-	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)													
Lobbying Expenditures During 4-Year Averaging Period													
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) Total								
Lobbying nontaxable amount													
Lobbying ceiling amount (150% of line 2a, column(e))													
Total lobbying expenditures													
Grassroots nontaxable amount													
Grassroots ceiling amount (150% of line 2d, column (e))													
Grassroots lobbying expenditures													
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))								

Return Reference

	filed Form 5768 (election under section 501(h)).	,	-1	/h	`
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	, ,	a)	<u>(b</u>	<u> </u>
ctiv	ity	Yes	No	A mou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
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, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Paı	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501 (c)(5), o	r section	on
			_	Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1 Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
	Carryover from last year	2b			
b	Total	2 c			
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
с 3		1			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4			
с 3	,	4			

Explanation

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

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

DLN: 93493320066846

Inspection

Employer identification number Name of the organization INTERNATIONAL ASSN OF BRIDGE STRUCTURAL ORNAMENTAL AND REINFORCING IRON WORKERS 43-0337330 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(B)(I) and section 170(h)(4)(B)(II)?

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

☐ No

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storio	cal T	reas	ures, or (Other	Similar A	ssets	
3		g the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, ch	neck a	ın y of	the fol	llowing that	are a sı	gnificant us	e of its	
а		Public exhibition		d		Loa	n or ex	change pro	grams			
b	Γ	Scholarly research		e	Г	Oth	er					
c		Preservation for future generations										
4	Prov Part	ide a description of the organization' XIII	s collections and exp	laın ho	w they	furth	er the	organizatio	n's exer	npt purpose	ın	
5		ng the year, did the organization soli ets to be sold to raise funds rather th								ır Ye :	s N	o
Ра	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	_	Form	990,	Part	IV, lır	ne 9, or re	ported	an amoun	nt on For	m 990,
1a		e organization an agent, trustee, cus ided on Form 990, Part X?	todian or other interr	mediary	for co	ontrib	utions	or other as	sets no	⊤ Yes	s	o
ь	If	"Yes," explain the arrangement in P	art XIII and complete	e the fol	llowing	a tabl	e			Am	ount	
c	Ве	eginning balance	•		-			10	;			
d	Ac	dditions during the year						10				
е	Dı	stributions during the year						16	:			
f		nding balance						1f	:			
2 a	Dıd t	the organization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow	or cus	todial accou	ınt lıabı	lity? Ye :	s N	o
b	Tf"V	os " ovplain the arrangement in Bart	VIII Chack hara if t	ha aynl	anatio	n hac	hoon	provided in	Dart VI	T T		
	rt V	es," explain the arrangement in Part Endowment Funds. Comple										
			(a)Current year		nor year			vo years back		e years back		ears back
1 a	Begi	inning of year balance										
b	C on	tributions · · · · · · · ·										
c	Net Ioss	investment earnings, gains, and es										
d	Gran	nts or scholarships										
е		er expenditures for facilities programs										
f	Adm	ninistrative expenses										
g		of year balance										
2	Prov	ide the estimated percentage of the	current vear end bala	ınce (lır	ne 1a.	colun	nn (a))	held as	<u> </u>			
а		d designated or quasi-endowment >	,	, , , , , , , , , , , , , , , , , , ,			(,					
ь		nanent endowment >										
c	Tem	porarily restricted endowment >										
٥.	,	percentages on lines 2a, 2b, and 2c	·					_ 4		_		
3a		there endowment funds not in the pos nization by	ssession of the organ	ization	шаса	re ne	ia ana	aummistere	a for th	е	Yes	No
	(i) u	nrelated organizations								3 a	ı(i)	
		elated organizations								3a	(ii)	
Ь		es" on 3a(II), are the related organiz	· ·				? .			3	3b	
4		cribe in Part XIII the intended uses		endowm	ent fu	nds						
Ра	rt VI	Land, Buildings, and Equip Complete if the organization a	ment. answered 'Yes' to F	orm 9	90. P	art I	V. line	e 11a.See	Form 9	990. Part X	(, line 10	١.
		Description of property			ost or o	a) ther ba	asis C	(b) ost or other ba		Accumulated)depreciation		ok value
12	Land				(inves	anent)	'	(other)				
		ngs		. `├─								
		hold improvements		`. ├─			0	5,441,2	257	5,309,34	10	131,917
		ment		. \vdash				-,				
							0	6,531,5	522	3,246,20)7	3,285,315

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . .

3,417,232

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the orga	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or categor (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			o o o o o o o o o o o o o o o o o o o
(2)Closely-held equity interests (3)O ther			
(A) 1,154 677 UNITS		1,223,520	С
(B) INVESTMENT COMPANY		1,320,208	Ċ
(C) STOCK - 312,818 000 SHARES		5,195,101	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	7,738,829	
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 99	90, Part IV, line 11c. _{See}	e Form 990, Part X, line 13.
(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 organizate		n Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15
(a) Des	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or			
See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book val	ue	
Federal income taxes		0	
PAYROLL WITHHOLDINGS AND TAXES	9	1,197	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, prov		otnote to the organization's	financial statements that reports the
organization's liability for uncertain tax positions under XIII			

Schedule D (Form 990) 2015

1

2

b

d

Part XIII

information

FOOTNOTE

PART X, LINE 2 - FIN 48

Return Reference

59,632,026

1

e	Add lines 2a through 2d	2e	3,061,181
3	Subtract line 2e from line 1	3	56,570,845
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		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	56,570,845
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Return.
1	Total expenses and losses per audited financial statements	1	58,820,946
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		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	4,450,484
3	Subtract line 2e from line 1	3	54,370,462
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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	54,370,462

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Management has evaluated the tax positions taken by the Association and its affiliates and

concluded that as of June 30, 2016 there are no uncertain positions taken or expected to be taken that would require disclosure in the consolidated financial statements. The Association is subject to routine audits by taxing jurisdictions, however, there are currently no audits in progress for any tax

2a

2b

2c

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

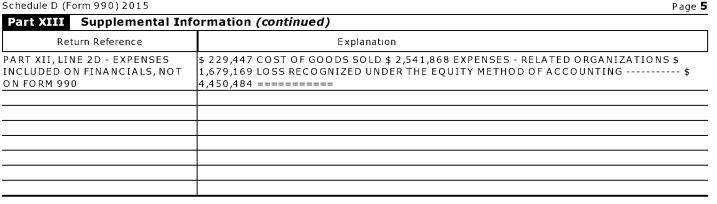
Supplemental Information

periods

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)



efile GRAPHIC print - DO	NOT PROCESS	As Filed Dat	ta -	DLN:	93493320066846	
SCHEDULE F (Form 990)	Statement of	Activities C	Outside the Unit	side the United States		
(* 31111 333)	► Complete	=	n answered "Yes" to Form	990,	2015	
			l4b, 15, or 16. o Form 990.		2015	
Department of the Treasury Internal Revenue Service ► Info	rmation about Schedu		nd its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection	
Name of the organization INTERNATIONAL ASSN OF BRI ORNAMENTAL AND REINFORC		S		Employer ider 43-0337330	ntification number	
Part I General Inform	ation on Activiti	es Outside th	ne United States. orm 990, Part IV, line	1		
1 For grantmakers. Does and other assistance, th used to award the grants	e grantees' eligibil			-	□ Yes ▽ No	
2 For grantmakers. Descr assistance outside the U	ibe in Part V the oi	ganızatıon's pı	rocedures for monitori	ng the use of its grai		
3 Activites per Region (The	following Part I, line	3 table can be du	uplicated if additional sp	ace is needed)		
(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)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region		
(1) North America	1	13	Program Services	SEE PART IV	2,868,065	
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation she to Part I	eets 1	13			2,868,065	
c Totals (add lines 3a and 3b		13			2,868,065	
For Paperwork Reduction Act Notice	e, see the Instructions	for Form 990.	Cat	No 50082W Sche	dule F (Form 990) 2015	

Schedule F (Form 990) 2015

	applicable)		disbarsement	assistance	assistance	appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			ed States. Complete	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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)				1			
(3)							
(4)		+				<u></u>	
(5)							
(6)							
(7)				1			
(8)							
(9)							
(10)							
(11)				'		1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

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)

Yes ▼ No

Old 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)

Yes **▼** No

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

HAVE BEEN DISBURSED TO THE RECIPIENT

990 Schedule F, Supplemental Informat	ion
Return Reference	Explanation

this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

Page 5

PART I. LINE 2 - MONITORING USE OF GRANT

THE ORGANIZATION DOES NOT MONITOR THE USE OF GRANTS FUNDS ONCE THEY

FUNDS OUTSIDE U.S.A.

990 Schedule F, Supplemental Information

Return Reference Explanation

PART LUNE 2 COLUMN (EXCEPTION OF THE ORGANIZATION OF PROCEDURE ACTIVITIES A DE DEPOSEDATATION ALL

PART I, LINE 3, COLUMN (E) - SPECIFIC TYPES OF	THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES ARE REPRESENTATIONAL
SERVICES IN REGION	ACTIVITIES THAT PROMOTE
1	AND PROTECT THE INTEREST OF IRONWORKER'S IN CANADA

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
Internal Revenue Service

Name of the organization
INTERNATIONAL ASSN OF BRIDGE STRUCTURAL

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320066846

Open to Public Inspection

Employer identification number

ORNAMENTAL AND REINFORCING	IRON WORKERS					43-0337330	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or a	ssistance?				stance, and	⊤Yes 🗸 No
Part II Grants and Other Assistation that received more than s				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50							8
3 Enter total number of other orga For Paperwork Reduction Act Notice, see				Cat No 50055P			4 le I (Form 990) 2015
upc. work Reduction Act Notice, Sec	- riic Tiistiactioiis IOI	1 01111 2201		Car No 200221		Schedu	10 = \1 01111 220 EULD

Additional Data

CINCINNATI, OH 45202

Software ID: Software Version:

EIN: 43-0337330

Name: INTERNATIONAL ASSN OF BRIDGE STRUCTURAL

ORNAMENTAL AND REINFORCING IRON WORKERS

(h) Purpose of grant

or assistance

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash or grant (e) Amount of non-cash assistance (b) Amount of non-cash assistance (d) Amount of cash organization or grant (b) EIN (g) Description of non-cash assistance (d) Amount of cash organization (b) EIN (c) IRC section grant (d) Amount of cash organization (d) Amount of c

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JOBS WITH JUSTICE EDUCATION FUND 1616 P STREET NW STE 150 WASHINGTON, DC 20036	52-1865575	501(C)(4)	55,000		PROGRAM SUPPORT
AMERICA'S AGENDA HEALTHCARE FOR ALL INC 1025 CONN AVE NW WASHINGTON,DC 20036	20-0682634	501(C)(4)	25,000		PROGRAM SUPPORT
CINCINNATI INTERFAITH WORKERS CENTER 1235 VINE ST	74-3215224	501(C)(3)	7,000		PROGRAM SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) FRESC 501(C)(3) 10,000 PROGRAM SUPPORT 140 SHERIDAN BLVD DENIVED CO 00226 RAM SUPPORT

DENVER, CO 80226					
NEW ORLEANS WORKERS CENTER 217 NORTH PRIEUR ST NEW ORLEANS, LA 70112	33-1167415	501(c)(3)	30,000		PRO GR <i>i</i>
NEW ORELANS, EA 70112					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20006

SMWIA SCHOLARSHIP 52-1473935 501(C)(3) 6,000

PROGRAM SUPPORT FOUNDATION 1750 NEW YORK AVE NW

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 20-0263611 501(C)(5) 25,000 WORKING AMERICA IGENERAL SUPPORT 815 16TH STREET NW WASHINGTON.DC 20006 501(C)(5) 7.500 LABOR OF LOVE CONSTRUCTION TRADES

BUILDING & 1750 NEW YORK AVE NW WASHINGTON, DC 20006

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20006

John H Lyons Sr Scholarship 94-3396724 501(C)(3) 255,191 PROGRAM SUPPORT Foundation 1750 NEW YORK AVE NW

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 52-1372972 501(C)(3) 50,000 CASA DE MARYLAND PROGRAM SUPPORT 901 S HIGHLAND ST ARLINGTON, VA 22204 CHICAGO FEDERATION OF 36-3977262 501(C)(3) 7,500 PROGRAM SUPPORT LABOR WORKERS

130 F RANDOLPH ST CHICAGO, IL 60601 SOUTH FLORIDA 501(C)(3) 20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20006

PROGRAM SUPPORT INTERFAITH WORKER JUSTICE 815 16TH STREET NW

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

DLN: 93493320066846

2015

OMB No 1545-0047

(Form 990)

Department of the

Internal Revenue Service

Schedule J

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on 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

	me of the organization ERNATIONAL ASSN OF BRIDGE STRUCTURAL EMployer identificati	yer identification number				
	NAMENTAL AND REINFORCING IRON WORKERS 43-0337330					
Pa	rt I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use	<u> </u>		ļ		
	Travel for companions Payments for business use of personal residence			ļ		
	▼ Tax idemnification and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			 		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations A pproval by the board or compensation committee			 		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		Νo		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a				
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6 a				
b	Any related organization?	6b				
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III	7				
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

Tuge E											
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 on 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 W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
(ı) compensation	l	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(,	compensation	l compensation				Form 990

See Additional Data Table

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

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 REIMBURSEMENT FOR TRANSPORTATION AND TRAVEL AWAY FROM HOME (INCLUDING TAX GROSS-UP) CONSIDERED TAXABLE

OFFICIAL UNION BUSINESS WHICH IS NOT DEEMED TAXABLE COMPENSATION

THE PLAN ACTUARY THIS DOES NOT REPRESENT ACTUAL CASH OUTLAYS

THE TRUSTEES OF THE BRIDGE AND IRON WORKERS STAFF RETIREMENT PLAN FROM TIME TO TIME SHALL SELECT THOSE EMPLOYEES WHO

OFFICERS (AS DEFINED IN THE CONSTITUTION OF THE IABSORIW) AND WHO WOULD OTHERWISE RECEIVED BENEFITS PAYABLE FROM THE RETIREMENT PLAN EXCEPT FOR THE LIMIATIONS OF IRC SECTIONS 401(A)(17) OR 415 AN EMPLOYEE THAT PARTICIPATES IN THE ISUPPLEMENTAL PLAN IS ELIGIBLE TO RECEIVE A BENEFIT UPON THE OCCURANCE OF FITHER RETIRING FROM THE EMPLOYMENT OF ITABSORIW OR AFTER HE BEGINS TO RECEIVE A MANADTORY DISTRIBUTION PURSUANT TO LANGUAGE WITHIN THE RETIREMENT PLAN PAYMENT OF THE EXCESS BENEFITS IS INTENDED TO PROVIDE CERTAIN PARTICIPANTS WITH A BENEFIT EQUAL TO ANY REDUCTION IN NORMAL RETIREMENT BENEFITS OR EARLY RETIREMENT BENEFITS UNDER THE RETIREMENT PLAN, RESULTING FROM THE LIMITATIONS IMPOSED UNDER IRC SECTION 415 AND/OR IRC SECTION 401(A)(17) THE FIRST YEAR OF PAYMENT TO THE PARTICIPANT WILL PAY A PORTION OF THE BENEFIT IN A LUMP SUM DISTRIBUTION SUCH PARTIAL LUMP-SUM PAYMENT SHALL BE NOT LESS THAN THE APPLICABLE PERCENTAGE REQUIRED TO MEET THE MINIMUM FEDERAL WITHHOLDING AMOUNT FOR ONE-TIME PAYMENTS, NOT MORE THAN FIFTY (50) PERCENT OF THE PRESENT VALUE OF THE BENEFIT PAYABLE FOR PURPOSES OF DETERMINING THE PRESENT VALUE OF SUCH BENEFIT, ITHE MORTALITY TABLE AND INTEREST RATE USED SHALL BE THE SAME AS USED BY THE RETIREMENT PLAN FOR FUNDING PURPOSES ALL FUTURE BENEFIT PAYMENTS SHALL BE SUBJECT TO A CORRESPONDING ACTUARIAL REDUCTION. IN NO INSTANCE SHALL THE TOTAL OF THE BENEFITS PAYABLE FROM THE COMBINATION OF THE RETIREMENT PLAN AND THE SUPPLEMENTAL PLAN EXCEED THE BENEFITS, WHICH WOULD OTHERWISE HAVE BEEN PAID FROM THE RETIREMENT PLAN ALONE IN THE ABSENCE OF THE LIMITATIONS OF THE IRC

ARE ELIGIBLE TO PARTICIPATE IN THE SUPPLEMENTAL PLAN THE EMPLOYEES SELECTED SHALL CONSIST OF THE CONSTITUTIONAL

PART I. LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

COMPENSATION THE GENERAL PRESIDENT AND CERTAIN OFFICERS/STAFF AS AUTHORIZED BY THE GENERAL PRESIDENT MAY TRAVEL FIRST CLASS ON

SECTION 401(A)(17) OR 415

TRAVEL PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PART I, LINE 1A - FIRST-CLASS

Schedule J (Form 990) 2015

PART II. COLUMN C - DEFERRED

COMPENSATION

THIS COLUMN REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY

Software ID: **Software Version:**

EIN: 43-0337330

Name: INTERNATIONAL ASSN OF BRIDGE STRUCTURAL ORNAMENTAL AND REINFORCING IRON WORKERS

Form 990,	Schedule J	, Part :	II - Officers	, Directors	, Trustees	, Key	/ Emp	oloy	ees,	and	l Hig	hest Co	ompe	nsated E	:mplo	yees	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name and Title		(B) Breakdown o (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	GC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990			
		Compensation	compensation	compensation							
1Eric DeanGeneral President	(E)	338,326 		55,409	62,550	33,432	489,717 	0			
						0	0				
1Ron PıksaGeneral Secretary	(1)	272,960 0		76,563	74,375 0	24,993 	448,891 	0			
2Bernard Evers Jr	1,	226.622				0	0				
General Treasurer	(1)	236,632 0		45,675	47,964 	33,432	363,703	0			
3John Hurley1st General VP	(1)	194,053		37,549	48,729	22.422	313,763				
	(11)	0			48,729	33,432	313,703	0			
4Marvın Ragsdale	(1)	194,053		37,148	53,125	24,993	309,319	0			
2nd General VP	(11)	0		37,140	0			0			
5Darrell LaBoucan	(1)	142,321		36,400	42,789	8,567	230,077	0			
3rd General VP	(11)	0			0			0			
6Kenneth Bill Dean	(1)	194,053		37,148	39,739	24,993	295,933	0			
4th General VP	(11)	0			0			0			
7 Stephen Sweeney 5th General VP	(1)	194,053		37,148	34,425	33,432	299,058	0			
Sui General VP	(11)	0			0			0			
8 Kevin Bryenton 6th General VP	(1)	133,342		36,400	14,251	11,815	195,808	0			
our center vi	(11)	0			0	 - 0		0			
9 Robert Boskovich 7th General VP	(1)	182,558		37,460	44,098	13,076	277,192	0			
	(11)	0			0			0			
10 Donald Zampa 8th General VP	(1)	180,947		37,065	30,993	26,232	275,237	0			
	(11)	0			0	- 0	- 0	0			
11 James Mahoney 9th General VP	(1)	120,007		24,340	0	15,032	159,379	0			
	(11)	0			0	- 0		0			
12 Walter W Wise General President	(1)	181,231		31,129	59,184	11,953	283,497	0			
	(11)	0			0	0	-0	0			
13Kevın HıltonImpact CEO	(1)	252,776		36,962	32,081	33,432	355,251	0			
	(11)	0			0	0		0			
14Daniel Parker Executive Director	(1)	194,053		37,549	43,281	24,993	299,876	0			
	(11)	0			0	- 0	- 0	0			
15 Kevin Byrnes Exec Asst to General	(1)	206,602		37,214	39,746	27,014	310,576	0			
Secretary	(11)	0			0	- 0	- 0	0			
16 Alfred Higgs Jr Pension Administrator	(1)	192,991 0		38,611	43,367	33,432	308,401	0			
##Devid IC II	_					0	0				
17David Kolbe Political & Legislative Rep	(1)	194,053 0		38,611	45,262 0	21,195 	299,121	0			
18Joe Standley	100	00.370				0	0				
2nd General VP	(1)	98,270 0		19,505	42,046 0	15,996 	175,817	0			
			<u> </u>			0	0	<u> </u>			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2015 **Open to Public** Inspection

DLN: 93493320066846

ORNAMENTAL AND REINFORCING IRON WORKERS

Department of the

Internal Revenue Service

Name of the organization

INTERNATIONAL ASSN OF BRIDGE STRUCTURAL

Treasurv

Employer identification number 43-0337330

990 Schedule O. Supplemental Information

Return Reference Explanation PART VI. SECTION A. THE GENERAL EXECUTIVE BOARD SHALL CONSIST OF THE GENERAL PRESIDENT, GENERAL SECRETARY, AND A LINE 1 - GENERAL GENERAL OFFICER TO BE SELECTED FROM TIME TO TIME (AS A TEMPORARY MEMBER OF THE GENERAL **EXECUTIVE BOARD** EXECUTIVE BOARD) BY THE GENERAL PRESIDENT. THE GENERAL EXECUTIVE BOARD IS ENTRUSTED TO MAKE THE DAY-TO-DAY DECISIONS AS PROVIDED BY THE INTERNATIONAL ASSOCIATION'S CONSTITUTION. DECISIONS OF THE GENERAL EXECUTIVE BOARD MAY BE APPEALED TO THE GENERAL EXECUTIVE COUNCIL (THE GOVERNING BODY OF THE INTERNATIONAL ASSOCIATION) WITHIN ONE YEAR FROM THE DATE THE GENERAL EXECUTIVE BOARD MADE ITS DECISION PART VI, SECTION A, THIS ORGANIZATION SHALL CONSIST OF AN UNLIMITED NUMBER OF BRIDGE. STRUCTURAL. ORNAMENTAL. LINE 6 - MEMBERS OF REINFORCED CONCRETE IRON WORKERS'. MACHINERY MOVERS'. STONE DERRICK. SHOP AND NAVY YARD RI **ORGANIZATION** GGERSREGIONAL LOCAL UNIONS. AND THE VARIOUS MEMBERS THEREOF, VERSED IN THE DUTIES OF SOME BRANCH OF THE TRADE AS SET FORTH. OF GOOD MORAL CHARACTER AND COMPETENT TO DEMAND STANDARD WAGES

990 Schedule O, Supplemental Information

7A - ELECTION OF

OF FORM 990

Return Reference	Explanation
PART VI. SECTION A. LINE	The officers of this International Association shall consist of a General President, nine (9) General Vice

Presidents, a General Secretary and a General Treasurer, not more than one of whom shall be from any one

OFFICERS
Local Union, to be elected from among the delegates by the regular Convention, and shall hold their offices until their successors are duly elected and qualified

PART VI, SECTION B, LINE
11B - REVIEW PROCESS
THE FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO SIGNATURE AND SUBMISSION TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B LINE 12C - conflict of interest policy compliance	ANY OFFICER, EMPLOYEE, OR MEMBER OF A COMMITTEE with a financial interest, or who thinks that he or she is in circumstances that might lead to a conflict of interest, must disclose the interest or circumstances immediately to the General Executive Board (GEB) (or a Conflict of Interest Committee appointed by the GEB (Committee)) In the event immediate disclosure is not possible, then disclosure must be done annually
PART VI,SECTION B, LINES 15A & 15B - PROCESS FOR DETERMINING COMPENSATION	THE SALARIES OF THE OFFICERS ARE WRITTEN IN THE CONSTITUTION (WHICH CAN BE AMENDED UPON A 3/4 APPROVAL OF THE REGULAR CONVENTION DELEGATES) FOR EACH JANUARY 1ST AFTER, THE INCREASE IN EACH OFFICERS SALARIES SHALL BE BASED ON THE AVERAGE INCREASE NEGOTIATED FOR IRONWORKER S IN THE UNITED STATES AND CANADA AS PROVIDED BY THE CONSTRUCTION LABOR RESEARCH COUNCIL A ND THE UNITED STATES DEPARTMENT OF LABOR THE SALARIES WERE LAST APPROVED BY THE MEMBERSHI P IN 2006

990 Schedule O, Supplemental Information

Return Reference

PART VI, SECTION C, LINE 19 - availability of	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
documents, policies & f/s	INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

PART VII, SECTION A, COLUMN F - AMOUNT OF OTHER COMPENSATION \$798,005 OF COLUMN (F) REPRESENT AMOUNTS CALCULATED BY THE PLAN ACTUARY AS TO THE INCREASE
IN ACTUARIAL VALUE IN DEFINED BENEFITS THIS AMOUNT REPORTED DOES NOT CONSTITUTE ACTUAL O

UTLAYS OF COMPENSATION TO THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES

Explanation

990 Schedule O, Supplemental Information

Return Reference

PART XI, LINE 9 - OTHER CHANGES IN NET ASSSETS	\$1,679,169 LOSS RECOGNIZED UNDER THE EQUITY METHOD OF ACCOUNTING \$ 561,424 PRIOR PERIOD ADJUSTMENT TO NET ASSETS\$2,240,593 NET OTHER CHANGES IN NET ASSETS
PART XII, LINE 1 - METHOD OF ACCOUNTING	THE RETURN HAS BEEN PREPARED USING THE MODIFIED CASH BASIS OF ACCOUNTING GENERALLY, REVEN UE IS RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPENSES ARE RECORDED WHEN PAID RATHER THAN WHEN INCURRED HOWEVER, THE INVESTMENT IN UNITED UNIONS, INC IS ACCOUNTED FOR
	USING THE EQUITY METHOD AND THE COSTS OF FIXED ASSETS ARE CAPITALIZED AND DEPRECIATED WI TH THE EXCEPTION OF UNITED UNIONS, INC, AS NOTED ABOVE, INVESTMENTS ARE CARRIED AT COST

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047 2015

DLN: 93493320066846

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.

v.irs.gov/form990.	Open to Pul Inspectio
Employer identification n	umber

Name of the organization INTERNATIONAL ASSN OF BRIDGE STRUCTURAL				Employer i	identificati	ion number		
ORNAMENTAL AND REINFORCING IRON WORKERS				43-03373	30			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" on	Form 990, Par	t 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 Organ or more related tax-exempt organizations during	izations Complete if t the tax year	he organization ans	swered "Yes" o	n Form 990, Pa	irt IV, line	e 34 because it h	nad one	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501		(f) Direct controlling entity	Section (13) co ent	ontrolled tity?
(1)IRON WORKERS DISASTER RELIEF FUND 1750 NEW YORK AVENUE NW	DISASTER AID	DC	501(c)(3)	7	IAE	BSORIW	Yes	No
WASHINGTON, DC 20006 52-2344596								
(2)IRONWORKERS POLITICAL EDUCATION FUND 1750 NEW YORK AVENUE NW	POLITICAL ORG	DC	527		IAE	BSORIW	Yes	
WASHINGTON, DC 20006 91-2078577								
(3)JOHN H LYONS SR SCHOLARSHIP FOUNDATION 1750 NEW YORK AVENUE NW	SCHOLARSHIPS	DC	501(c)(3)	11B	IAE	BSORIW	Yes	
WASHINGTON, DC 20006 94-3396724 (4)IRONWORKERS POLITICAL ACTION LEAGUE	POLITICAL ORG	DC	527		ΤΔΕ	BSORIW	Yes	
1750 NEW YORK AVENUE NW	TOLITICAL ONG		327			BSOKIW	163	
WASHINGTON, DC 20006 52-1302076 (5)IRONWORKERS POLITICAL ACTION COMMITTEE	POLITICAL ORG	DE	527		IAE	BSORIW	Yes	
1750 NEW YORK AVENUE NW WASHINGTON, DC 20006								
27-2064880	DOLITICAL ODC	DC.	F27		TAF	DCOD IW		
(6)NINETY NINE PERCENT 1750 NEW YORK AVENUE NW	POLITICAL ORG	DC	527		IAE	BSORIW	Yes	
WASHINGTON, DC 20006 46-2354073								

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	Predominant	income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant SI income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant Shincome(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
] 3117		Yes	No	1	Yes	No														
Part TV Identification of Polated Organizations Tayable a	<u> </u>			<u> </u>																				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling Type of entity Sha	g Type of entity (C corp, S corp,	controlling Type of entity (C corp, S corp,	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No	

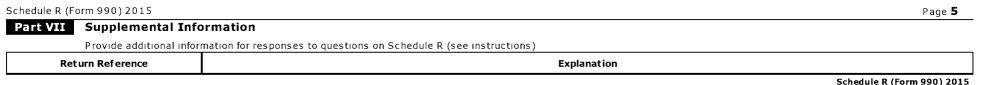
Part V	Transactions With Related Or	ganizations Complete	if the organization answered	"Yes" on Form 990,	, Part IV, line 34, 3	5b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 D	LDuring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I	/?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		No
b	b Gift, grant, or capital contribution to related organization(s)		1 b	Yes	
c	${f c}$ Gıft, grant, or capital contribution from related organization(s)		1 c		No
d	f d Loans or loan guarantees to or for related organization(s)		1d		No
е	f e Loans or loan guarantees by related organization(s)		1e		No
f	${f f}$ Dividends from related organization(s)		1 f		No N
g	${f g}$ Sale of assets to related organization(s)		1 g		No
h	h Purchase of assets from related organization(s)		1h		No
i	i Exchange of assets with related organization(s)		1i		No
j	${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k	${f k}$ Lease of facilities, equipment, or other assets from related organization(s)		1k		No
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)		11		No
•			الساما		B.1 -
	m Performance of services or membership or fundraising solicitations by related organization(s)		1m	.	NO
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		\vdash	Yes	
0	o Sharing of paid employees with related organization(s)		10	Yes	
P	p Reimbursement paid to related organization(s) for expenses		1p	Yes	NO
q	q Reimbursement paid by related organization(s) for expenses		1q	res	
	r Other transfer of cash or property to related organization(s)		1r 1s	Yes	No.
S	s Other transfer of cash or property from related organization(s)		15		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	os and transaction thresholds			
	(a) (b) (c)	(d)			
	Name of related organization Transaction type (a-s) Amount involved	Method of determining am	ount ir	ivolved	
(1) JC)JOHN H LYONS SR SCHOLARSHIP FOUNDATION B 255,191	CASH			
(2) IR)IRONWORKERS POLITICAL EDUCATION FUND R 300,000	CASH			

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

revenue) that was not a related organization See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of Share of				(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u>. </u>



Software ID: Software Version:

EIN: 43-0337330

Name: INTERNATIONAL ASSN OF BRIDGE STRUCTURAL

ORNAMENTAL AND REINFORCING IRON WORKERS

Form 990, Schedule R, Part II - Identification o (a)	(b)	(c)	(d)	(e)	(f)	(g) Section 51 (b)(13) controlled entity?	
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		
						Yes	No
IRON WORKERS DISASTER RELIEF FUND 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 52-2344596	DISASTER AID	DC	501(c)(3)	7	IABSORIW	Yes	
IRONWORKERS POLITICAL EDUCATION FUND 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 91-2078577	POLITICAL ORG	DC	527		IABSORIW	Yes	
JOHN H LYONS SR SCHOLARSHIP FOUNDATION 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 94-3396724	SCHOLARSHIPS	DC	501(c)(3)	11B	IABSORIW	Yes	
IRONWORKERS POLITICAL ACTION LEAGUE 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 52-1302076	POLITICAL ORG	DC	527		IABSORIW	Yes	
IRONWORKERS POLITICAL ACTION COMMITTEE 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 27-2064880	POLITICAL ORG	DE	527		IABSORIW	Yes	
NINETY NINE PERCENT 1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 46-2354073	POLITICAL ORG	DC	527		IABSORIW	Yes	