

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



DLN: 93493132031927

OMB No 1545-0047

2015

Department of the 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 <u>www IRS qov/form990</u>

Open to Public Inspection

	or the 20 eck if appli		endar year, or tax year beginning C Name of organization	07-01-2015 , and ending 06-30-2010	6	D Emplo	ver id	entification number
_	ddress char		INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS			48-6	-	
<u> </u>	ame chang ntıal return	е	Doing business as			_		
Final return/terminated Amended return			Number and street (or P O box if ma	– E Teleph	E Telephone number			
_An	nended ret	um	753 STATE AVE NO 565	(913)	(913) 371-2640			
Ap	plication pe	ending	City or town, state or province, count KANSAS CITY, KS 66101	ry, and ZIP of foreign postal code		G Gross	receipts	s \$ 47,137,581
			F Name and address of principa	al officer	H(a) Is t	his a group	retur	n for
			WILLIAM CREEDEN 753 STATE AVE NO 565		s ub N o	ordinates?		⊤ Yes ✓
т Та	x-exempt	status	KANSAS CITY, KS 66101		H(b) Are	all subord uded?	ınates	Yes No
			501(c)(3)	insert no) 4947(a)(1) or 527			n a list	t (see instructions)
	ebsite: F	V VV						umber ▶ 1252
K For	m of organ	ization	Corporation Trust Associat	on Other ►	■ Year of f	ormation 18	393	M State of legal domicile KS
Pa			mary		I			
			scribe the organization's mission TIONAL LABOR UNION	or most significant activities				
Ce								
Governance								
ove	2 Che	ck th	is box ▶ ☐ if the organization dis	continued its operations or disposed o	f more than	25% of its	s net a	assets
ე ჯ	3 Nur	nberd	of voting members of the governin	g body (Part VI, line 1a)			3	6
Activities &	4 Nur	nbero	of independent voting members of	the governing body (Part VI, line 1b)			4	0
‡			·	alendar year 2015 (Part V, line 2a) .			5	104
Ac			nber of volunteers (estimate if ne			6	0	
				t VIII, column (C), line 12 n Form 990-T, line 34			7a 7b	-9,861 -9,861
	D Nec	umera	ted business taxable medile nor	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or Year	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Current Year
	8 (Contri	butions and grants (Part VIII, lin	e 1 h)			0	0
Ę	9 F	rogra	ım service revenue (Part VIII, lin		40,664,	634	40,746,378	
Ravenue	10 I	nvest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)	1,872,447			1,206,972
α	l		, , , , , , , , , , , , , , , , , , , ,	ines 5,6d,8c,9c,10c,and 11e)	453,294			664,803
	1	otal r . 2)	revenue—add lines 8 through 11 +	(must equal Part VIII, column (A), line		42,990,	375	42,618,153
	13 (Frants	and similar amounts paid (Part I	X, column (A), lines 1-3)	269,896		417,065	
	1		·	(, column (A), line 4)		255,	379,313	
8	1	Salarıe 5–10)		e benefits (Part IX, column (A), lines		26,499,	343	26,671,670
Expenses	16a	Profes	sional fundraising fees (Part IX,	column (A), line 11e)			0	0
ੜੋ			ndraising expenses (Part IX, column (D)	, 				
				nes 11a-11d, 11f-24e)		13,106,	-	14,105,932
			•	t equal Part IX, column (A), line 25) 8 from line 12		40,131, 2,858,	-	41,573,980
<u>გ</u>	1	((((((((((((((((((((de less expenses subtract me i	O HOM MICE I I I I I I	Beginning	of Current		End of Year
Net Assets or Fund Balances	20 7	- 11	accete (Dayt V. June 1.C.)					
Ass			assets (Part X, line 16)			58,854, 855,	-	61,974,696
Fea			sets or fund balances Subtract I			57,999,	-	58,823,104
			ature Block					
my k		and b	pelief, it is true, correct, and comp	mined this return, including accompany olete Declaration of preparer (other th				
		****				2017-05-12		
Sign Here		-	iture of officer		ı	Date		
	·)		IAM CREEDEN INT'L SEC TREASURER or print name and title					
	17		rint/Type preparer's name REG WALLENBECKER	Preparer's signature Da	rte Ch	neck f	PTIN P014	51145
Paid		<u> </u>	Irm's name ► LEGACY PROFESSIONAL			lf-employed m's EIN ► 3		
	parer	- ⊢	irm's address ► 311 SOUTH WACKER SU			one no (312		
USE	Only		CHICAGO, IL 60606					
May	the IRS o	liscus	s this return with the preparer sh	own above? (see instructions)				✓Yes No

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 \longrightarrow	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			
	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	
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		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	11 f	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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14 a	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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

30

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, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

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

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

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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)?

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

	Page

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

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		 Yes	. No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5	93	165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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			
		.04		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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	
ь	,			
	If "Yes," enter the name of the foreign country CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g were not tax deductible?	ıfts 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	d 7a		No
L	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	. 7f		No
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?	/n		
•	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tim	e		
	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			l İ
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders			
U	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
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 f	or		
	additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 1a 6 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b n Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **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 Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes 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 Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a 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 organization's exempt status with respect to such arrangements?

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►WILLIAM CREEDEN 753 STATE AVE SUITE 565 KANSAS CITY, KS 66101 (913) 371-2640

16b

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	more pers	than on is	one bot rect	not box h ar or/ti	chec x, unle n offic rustee	ess er	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	from the organization and related organizations
(1) NEWTON B JONES	56 00							202 740	252 467	224.096
INTERNATIONAL PRESIDENT	56 00			×				382,719	352,467	224,080
(2) WILLIAM CREEDEN	60 00									
INTERNATIONAL SEC - TREAS	40 00			X				323,566	265,492	222,03
(3) TOM BACA	40 00									
INTERNATIONAL VICE PRES	20 00			Х				334,765	0	205,70
(4) JOSEPH MALONEY	60 00			X				407,148	0	194,06
INTERNATIONAL VICE PRES	1 00			^				407,148	0	194,00
(5) DAVID HAGGERTY	37 00									
INTERNATIONAL VICE PRES	3 00			×				326,852	15,390	200,37
(6) LAWRENCE J MCMANAMON	38 00									
INTERNATIONAL VICE PRES				X				321,235	0	200,36
(7) WARREN FAIRLEY	2 00 70 00									
				×				312,405	38,588	198,88
INTERNATIONAL VICE PRES	30 00 40 00									
(8) SEAN MURPHY SPECIAL REPRENTATIVE	40 00					×		240,912	0	162,83
(9) BRIDGET MARTIN	40 00					x		208,168	0	126,90
SPC ASSTNT TO INT PRES	40 00									
(10) KYLE EVENSON ASSISTANT TO INT PRES						x		201,700	0	136,45
(11) DALE A BRANSCUM II	40 00									
ASSISTANT TO INT PRES						X		187,761	0	115,039
(12) JOHN FULTZ	40 00									
ASSISTANT TO INT PRES						Х		180,608	0	125,78
		-		-						

Part VII	Section A. Officers	. Directors, T	Trustees. Kev	/ Employees	and Highest Com	pensated Employe	es (continued)

		•	,	•	•	•	•			• • • •	,
	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						- 241000 MICCY	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	7 2/1099-MISC)	2/1099-MISC)	organization and related organizations
1 b	Sub-Total		٠	٠.			. ▶				
c	Total from continuation shee	ts to Part VII, S	ection A	۸.			. ▶[
d	Total (add lines 1b and 1c) .						▶		3,427,839	671,937	2,112,521
2	Total number of individuals (i							e) wl	ho received more th	nan	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 J for such individual	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

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLAKE & UHLIG	LEGAL SERVICES	850,570
753 STATE AVENUE SUITE 475 KANSAS CITY, KS 66101		
LEGACY PROFESSIONAL LLP	ACCOUNTING/AUDITOR	136,875
311 S WACKER DRIVE SUITE 4000 CHICAGO, IL 60606		
UNITED UNIONS	PRINTING SERVICES	123,085
1750 NEW YORK AVE NW WASHINGTON, DC 20006		
		1

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 3

Yes

Form 99		<u> </u>							Page 9
Part V	/##1	Statement of				and the Dark Mili			_
		Check if Sched	ule O contains a res	s pons	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated cam	paigns	1a					
rant	b	Membership du	ies	1 b					
Am G	С	Fundraising ev	ents	1 c					
Siffs Iar	d	Related organiz	zations	1d					
imi	е	Government grant	s (contributions)	1e					
tion er S	f	All other contribution	ons, gifts, grants, and	1 f					
ibu Af	g	Noncash contributi	ons included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f						
<u>S</u>	- "	Total: Add lille		· ·	Business Code				
nu e	2a	MEMBERSHIP DUE	S	-	Business Code 900099	39,785,983	39,785,983		
Program Service Revenue	b		ILIATED EXEMPT ORGA	-	531190	552,756	552,756		
ر 1	С	PRESCRIPTION DR	RUG REBATES	-	900099	306,040	306,040		
ΣĘ	d	MEDICARE PART D	SUBSIDIES		900099	101,599	101,599		
Ē	е								
ogra	f	All other progra	am service revenue						
<u> </u>	g	Total. Add line	s 2a-2f			40,746,378			
	3		ome (including divi ar amounts)			1,276,057			1,276,057
	4		stment of tax-exempt b		F				
	5	Royalties .			•	152,869			152,869
	6a	Gross rents	(I) Real 853,406	,	(II) Personal				
			·						
	b	Less rental expenses	592,480						
	С	Rental income or (loss)	260,926						
	d	Net rental inco	me or (loss)	•		260,926		-9,861	270,787
	7a	Gross amount from sales of assets other than inventory	(i) Securities 3,857,863	!	(II) Other				
	b	Less cost or other basis and sales expenses	3,926,948	;					
	C .	Gain or (loss)	-69,085			60.005			60.005
	d 8a	Net gain or (los Gross income f	from fundraising	Г		-69,085			-69,085
Other Revenue		events (not inc	luding s reported on line 1:	c)					
ά				а					
the	b		penses	ь					
0	c 9a		(loss) from fundrais From gaming activiti		vents •				
		See Part IV, lir							
	h	Laga direct av	penses	a b					
	b c		(loss) from gaming (ities				
	10a	Gross sales of returns and allo			•				
	ь		oods sold	a b	28,308	20 200	20 200		
	С	Miscellaneou	(loss) from sales of s Revenue	inve	Business Code	28,308	28,308		
	11a		LIQUIDATION		900099	101,328			101,328
	_	PROCEEDS			900099	68,637			68,637
	b c	OTHER INCOM		- -	900099	52,735			52,735
		FEES FEES	PROFESSIONAL		200033	52,733			32,733
	d	All other reven							
	е	Total. Add line		•	🕨	222,700			
	12	Total revenue.	See Instructions		· · · •	42,618,153	40,774,686	-9,861	1,853,328

Part IX Statement of Functional Expenses

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

	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	349,802			
2	Grants and other assistance to domestic individuals See Part IV, line 22	57,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	10,263			
4	Benefits paid to or for members	379,313			
5	Compensation of current officers, directors, trustees, and key employees	3,444,737			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,046,630			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,132,568			
9	Other employee benefits	6,291,329			
10	Payroll taxes	1.756.406			
	Fees for services (non-employees)	1,756,406			
11	Management				
a b	Legal	1 120 164			
C	Accounting	1,139,164 86,464			
d	Lobbying	80,404			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	218,180			
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	210,100			
9	amount, list line 11g expenses on Schedule O)	1,021,297			
12	Advertising and promotion	105,682			
13	Office expenses	1,216,194			
14	Information technology	490,690			
15	Royalties				
16	Occupancy	990,522			
17	Travel	89,077			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,501,746			
20	Interest	33,488			
21	Payments to affiliates	1,032,813			
22	Depreciation, depletion, and amortization	823,584			
23	Insurance	21,231			
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	OFFICER AND REPRESENTAT	3,447,228			
Ь	ADMINISTRATIVE EXPENSES	275,842			
C	MAINTENANCE FEES	264,637			
d	DUES AND FEES	91,775			
е	All other expenses	256,318			
25	Total functional expenses. Add lines 1 through 24e	41,573,980			
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)				

Form 990 (2015)

4,000,000

10,292,054

19,629,009

17,998,262

61,974,696

2,549,600

601,992

3,151,592

58,823,104

58,823,104

61,974,696 Form 990 (2015)

213.554

462,179

10.701.625

23,256,023

18,060,748

58,854,774

489,375

366,269

855,644

57,999,130

57,999,130

58,854,774

31 094 837

20,802,783

7

8

9

100

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Part X	ва	an	ce	5n	е	е

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities . Investments—other securities See Part IV, line 11

Land, buildings, and equipment cost or other basis

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 623, 187 1,331,581 1 Cash-non-interest-bearing 1 2 5,751,012 2 8,510,236 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

> 10a 10b

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

7

8

9

10a

b

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

42,618,153

41,573,980

1,044,173

57,999,130

-220,199

No

Νo

Nο

Form 990 (2015)

58,823,104

Reconcilliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI							. 🗸
_	Total revenue (revet equal Dark VIII, calumn (A.) luna 12)							

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)) . . . Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . Investment expenses .

Prior period adjustments .

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

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

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Check if Schedule O contains a response or note to any line in this Part XII If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

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

Single Audit Act and OMB Circular A-133?

Schedule O

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?

Consolidated basis

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

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

Both consolidated and separate basis

2b

1

2

3

4

5

6

7

8

9

10

2a

2c

3a

3b

Yes

Yes

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

(a) Name

Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

2015
Open to Public Inspection

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
- Section 527 organizations Complete Part I-A only

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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS 48-6031851 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 820,106 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? _ Yes ☐ No Was a correction made? ☐ Yes ☐ No b If "Yes," describe in Part IV

art I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
 Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt function activities \$
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(h) Address

- 4 Did the filing organization file**Form 1120-POL** for this year?

 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the
- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(c) FIN

(a) Name	(b) Address	(C) EIN	filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
INT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE (1) EDUCATION FUND	753 STATE AVE SUITE 565 KANSAS CITY, KS 66101	73-1642974		31,800
2				
3				
4				
5				
6				

(d) Amount hald from (e) Amount of political

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	ıng)	oying 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			
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 (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) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable 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))					

Pa		anization is exempt under section 501(c)(3) and has lection under section 501(h)).	NOT				
For 6	•	h 1ı below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ	,	it It below, provide in rait IV a decaned description of the lobbying		No		A mour	nt
1		nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,	Yes				
а	Volunteers?						
ь		compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?	, , , , , , , , , , , , , , , , , , , ,			1		
d	Mailings to members, legislators, o	or the public?			\vdash		
e	Publications, or published or broad	· •			\vdash		
f	Grants to other organizations for lo	h-					
g	_	ur staffs, government officials, or a legislative body?					
h		, 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 th	ne organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any t	ax incurred under section 4912			1		
c	If "Yes," enter the amount of any t	ax incurred by organization managers under section 4912					
d	If the filing organization incurred a	section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the org	anization is exempt under section 501(c)(4), section	501(c)(5),	or se	ectio	n
	501 (c)(6).						
				_		Yes	No
1	• •	re) dues received nondeductible by members?			1	Yes	
2	,	house lobbying expenditures of \$2,000 or less?		L	2	Yes	<u> </u>
3		over lobbying and political expenditures from the prior year?	-01/-	\ <u>\</u>	3		No
Pal		anization is exempt under section 501(c)(4), section ! ther (a) BOTH Part III-A, lines 1 and 2, are answered "					
	line 3, is answered						
1	Dues, assessments and similar an	nounts from members	1				
2	Section 162(e) nondeductible lobb expenses for which the section 52	ying and political expenditures (do not include amounts of political 7(f) tax was paid).					
a	Current year		2a	<u> </u> 			
b	Carryover from last year		2b				
c	Total		2c				
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to carr	nt on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and	4				
5	political expenditure next year? Taxable amount of lobbying and po	olitical expenditures (see instructions)	5				
	art IV Supplemental Info						
	·	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou 1 Also, complete this part for any additional information	up list),	, Part II	-A , II	ines 1	and
	Return Reference	Explanation					
PAF	C P C C I I A	THE INTERNATIONAL PROVIDES INFORMATION TO ITS MEMBERS AMPAIGNS AND ISSUES, ENCOURAGES ITS MEMBERS TO PARTION OF THE PROVIDER OF THE BEST INTO PROVIDED OF THE BEST INTO PROVID	CIPAT IONS / IEREST PEOPI D THAT N COM ITICAL	E IN TH AND AL IS OF T LE THE IS RE MISSI ORGA	HE EL LIEC HE : GIST ON (F NIZA	ECTO O GRO ERED FEC) #	UPS AS AND

FEC AND IRS REGULATIONS

ADMINISTRATIVE SUPPORT FOR THESE FUNDS IN ACCORDANCE WITH THE RESPECTIVE

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: 93493132031927

Inspection

INT	THE OF THE OF THE PROPERTY OF			oyer identification flumber
		Advised Funds or Other Similar Fu		or Accounts.
	Complete if the organization answere			
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advis	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes N o
251	rt II Conservation Easements. Comple	ite if the organization answered "Yes" o	n Form	
انک	Purpose(s) of conservation easements held by th		11 1 0 1 11	1 330, Falt IV, IIIe 7.
•	Preservation of land for public use (e.g., recre			
	education)		histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	neld a qualified conservation contribution in th	he form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
с	Number of conservation easements on a certified	` '	2 c	
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/1//06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminated	d by the	e organization during the
	tax year ▶			
1	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	lling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, i year	nspecting, handling of violations, and enforci	ng cons	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	nserva	ition easements during the year
	> \$			
3	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of sect	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial sements	statem	ents that describes

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

service, provide the following amounts relating to these items

▶ \$ _ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D Schedule D (Form 990) 2015

_		(Form 990) 2015								Page 2
Par	t III	Organizations Maintaining (continued)	Collections of	Art, H	istorica	al Tro	easures,	or Otl	her Similar As	ssets
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other re	cords,	check an	y of th	ne following t	hat are	e a significant use	e of its
а	F	Public exhibition		d	Γ	Loan	or exchange	progra	ıms	
b	Г	Scholarly research		e	Г	Other	•			
c		reservation for future generations								
4	•	le a description of the organization	's collections and ex	kplain h	ow they f	urther	the organiz	atıon's	exempt purpose	ın
5		g the year, did the organization soli							sımılar	
Da		s to be sold to raise funds rather th		l as part	of the o	rganız	ation's colle	ction?	Yes	No No
128	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.	_	n Form	990, P	art I\	/, line 9, o	r repo	rted an amoun	t on Form 990,
1a		organization an agent, trustee, cu ed on Form 990, Part X?	stodian or other inte	ermediai	y for con	trıbut	ions or othe	rasset	s not Yes	
b	If"	Yes," explain the arrangement in P	art XIII and comple	te the f	ollowing t	table			Ame	ount
c	Beg	inning balance						1 c		
d	Ado	litions during the year						1d		
е	Dis	tributions during the year						1e		
f	End	ing balance						1 f		
2 a	Dıd th	e organization include an amount c	on Form 990, Part X,	, lıne 21	, for esci	row or	custodial a	ccount	liability? Yes	i
b		s," explain the arrangement in Part								
2.6	rt V	Endowment Funds. Comple	(a)Current year		nswered Pnor year				art IV, IINE IU. I)Three years back	(e)Four years back
1a	Begin	ning of year balance	(a)carrent year	(2)	11101 7001	1	(c) mo years	Julia (C	27 mee yeurs back	(e) our years buck
b	_	ibutions								
с	Net ir losse	vestment earnings, gains, and s								
d	Grant	s or scholarships								
e		expenditures for facilities rograms								
f	A dmii	nistrative expenses								
g		f year balance								
2	Provid	· · · · · · · le the estimated percentage of the	current year end ba	l lance (l	ıne 1g, c	<u> </u>	n (a)) held as	_		
а	Board	designated or quasi-endowment >								
b	Perma	nent endowment 🕨								
c	Tempo	orarily restricted endowment >								
	The pe	ercentages on lines 2a, 2b, and 2c	should equal 100%)						
3a		ere endowment funds not in the po	ssession of the orga	anızatıoı	n that are	held	and adminis	tered f	or the	
	-	zation by related organizations							3a	Yes No
	` '	lated organizations							3a(
b		s" on 3a(II), are the related organiz								b
4		ibe in Part XIII the intended uses		endow	ment fund	ds				
Pa	rt VI	Land, Buildings, and Equip Complete if the organization		Form	990. Pa	rt IV.	. line 11a.9	See Fo	rm 990. Part X	. line 10.
		Description of property			(a) Cost or other	er basıs	(b) Cost or oth	er basıs	Accumulated (c) depreciation	(d)Book value
	Land				(ınvestm	ent)	(othe	r) 510,243		2,510,243
	Building							210,243		2,510,243
-							13,	793,336	7,669,128	6,124,208
c	Leaseh	old improvements								
		ent		• _			13,	960,264	12,682,883	1,277,381
е	Other							830,994	450,772	380,222
Tota	ıl. A dd I	ines 1a through 1e (Column (d) mu	st equal Form 990, Pa	art X, col	umn (B),	line 10				10,292,054

Schedule D (Form 990) 2015 Part VII Investments—Other Securities. Com	plete if the orga	ınızatıon answered 'Yes	Page 3 ' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	I	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)O ther			
(A) INVESTMENT IN BANK STOCK		5,551,869	С
(B) POOLED INVESTMENT FUNDS		6,782,649	С
(C) ACQUIRED REAL ESTATE		4,388,664	С
(D) AFL-CIO HOUSING INVESTMENT TRUST		1,275,080	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	17,998,262	
Part VIII Investments—Program Related. Complete if the organization answered "	Yes' on Form 90		. Faura 000 Paul V lina 12
(a) Description of investment	103 011 01111 33	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			, , , , , , , , , , , , , , , , , , , ,
Part IX Other Assets. Complete if the organization	answered 'Yes' or	Form 990, Part IV, line 1	
(a) Descrip	otion		(b) Book value
Part X Other Liabilities. Complete if the organ		· · · · · · · · · · · · · · · · · · ·	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book val	ue	
Federal income taxes			
PAYROLL WITHHOLDINGS	591	.,901	
CONSTITUTIONAL OVER / SHORT	10	0,091	
	1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide	the text of the foo		
organization's liability for uncertain tax positions under FIN XIII \hfill			

Return Reference

PART X, LINE 2

Schedule D (Form 990) 2015

1

2

42,937,699

а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	-220,199
3	Subtract line 2e from line 1	3	43,157,898
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)		
c	Add lines 4a and 4b	4c	-539,745
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	42,618,153
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1	Total expenses and losses per audited financial statements	1	42,113,725
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	539,745
3	Subtract line 2e from line 1	3	41,573,980
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)		
а		4c	0

Explanation

OF LIMITATION EXPIRE

AND FORM K-120, KANSAS CORPORATE INCOME TAX THE INTERNATIONAL

THE INTERNATIONAL BROTHERHOOD FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

BROTHERHOOD'S RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE KANSAS DEPARTMENT OF REVENUE UNTIL THE APPLICABLE STATUTES

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

Schedule D (Form 990) 2015		Page 5		
Part XIII Supplemental Inf	ormation (continued)			
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -592,480 REIMBURSED PROFESSIONAL FEES 52,735			
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 592,480 REIMBURSED PROFESSIONAL FEES -52,735			

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ita -	DLN: 93493132031927		
SCHEDULE F Sta			Outside the Unit		ates	OMB No 1545-0047
	► Complete	Part IV, line	on answered "Yes" to Form	990,		2015
Department of the Treasury nternal Revenue Service	ion about Schedu		to Form 990. and its instructions is at w	ww.irs.g	ov/form990.	Open to Public Inspection
Name of the organization NTERNATIONAL BROTHERHOOD	O F				Employer ident	ification number
BOILERMAKERS IRON SHIP BUILD	ERS				48-6031851	
Part I General Information Complete if the organ			t he United States. Form 990, Part IV, line	14b.		
1 For grantmakers. Does the	organization r	naıntaın recor	ds to substantiate the	amount	of its grants	
and other assistance, the gi	_	lity for the gra	nts or assistance, and	the sel	ection criteria	
used to award the grants or	assistance?					│ Yes 🗸 No
2 For grantmakers. Describe assistance outside the Unite		rganızatıon's _l	procedures for monitor	ing the	use of its grant	ts and other
3 Activites per Region (The follo	wing Part I, line	3 table can be	duplicated if additional sp	ace is ne	eeded)	
(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)	progran sp	ivity listed in (d) is a n service, describe lecific type of ice(s) in region	(f) Total expenditures for and investments in region
(1) CANADA	2	10	ACTIVITIES TO PROMOTE AND PROTECT THE INTERESTS OF CANADIAN MEMBERS BY BARGAINING COLLECTIVELY	PROMO PROTEC INTERE CANAD BY BAR	CT THE	2,957,482
(2)						
(3)						
(4)						
(5)						
3a Sub-total	2	10				2,957,482
b Total from continuation sheets to Part I	0	0				0
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	2	10	I .	No 500		2,957,482 ule F (Form 990) 2015

Schedule F (Form 990) 2015

organization	and EIN (if applicable)	grant 	cash grant	disbursement	assistance	assistance	(book, FMV, 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

Schedule F (Form 990) 2015

Page 2

(18)

Schedule F (Form 990) 2015							Page 3
Part III Grants and Part III can b	Other Assistance be duplicated if addit	to Individuals tional space is ne	Outside the Unit	ed States. Complete	if the organization a	answered "Yes" to Forn	n 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) SCHOLARSHIPS	CANADA	10	10,188	DIRECT PAYMENT TO UNIVERSITY		N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)				-			
(15)							
(16)		+					
(17)		+ +					
		1		1			

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 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes ✓ No

Additional Data

Software ID: Software Version:

EIN: 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132031927 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL BROTHERHOOD OF 48-6031851 BOILERMAKERS IRON SHIP BUILDERS **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

See Additional Data Table

| Control of the control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of the conganizations listed in the line 1 table | Control of table | Control of table | Control of table

Page **2**

Schedule I (Form 990) 2015

Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								

THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS AND INDIVIDUALS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE

THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF DONATIONS AND GRANTS ALL RECORDS REGARDING

DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE INTERNATIONAL'S OFFICE

Schedule I (Form 990) 2015

Return Reference

PART I, LINE 2

Explanation

Additional Data

organization

Software ID: Software Version:

ıf applicable

EIN: 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

grant

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

or government		арриоадле	gram	assistance	other)	or additional target
ECONOMIC POLICY INSTITUTE 1333 H STREET NW SUITE 300 WASHINGTON, DC 20005	52-1368964	501(C)(3)	25,000			CHARITABLE CONTRIBUTION
LABOR OF LOVE INTERNATIONAL INC 5460 WARD ROAD ARVADA,CO 80002	65-0865370	501(C)(3)	7,500			CHARITABLE CONTRIBUTION
CHICAGO WOMEN IN TRADES 2444 W 16TH ST 16 CHICAGO,IL 60608	36-3256699	501(C)(3)	7,500			CHARITABLE CONTRIBUTION

cash

(book, FMV, appraisal,

non-cash assistance

(h) Purpose of grant

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CALIFORNIA FOUNDATION 94-2579986 501(C)(3) 10,000 CHARITABLE ON ENVIRONMENT AND CONTRIBUTION ECONOMY PIER 35 SUITE 202 SAN FRANCISCO, CA RITABLE

94133					I
SHOOT FOR A CURE 1345 YOSEMITE CIRCLE OAKLEY,CA 94561	80-0171936	501(C)(3)	10,000		CHARI CONTI
NATIONAL CONSUMERS	53-0242038	501(C)(3)	20,000		CHARI

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

1200

WASHINGTON, DC 20006

TRIBUTION RITABLE LEAGUE INC CONTRIBUTION 1701 K STREET NW SUITE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNION SPORTSMEN'S 27-2345009 501(C)(3) 160,100 CHARITABLE ALLIANCE CONTRIBUTION 235 NOAH DRIVE STE 200 FRANKLIN, TN 37064 ITABLE RIBUTION

HELMETS TO HARDHATS 815 16TH STREET NW SUITE 600 WASHINGTON,DC 12006	43-1972568	501(C)(3)	15,000		CHARIT CONTR
NATIONAL MAINTENANCE	52-1289622	501(C)(6)	5,500		CHARIT

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

1501 LEE HWY SUITE 202 ARLINGTON, VA 22209

ITABLE AGREEMENT POLICY CONTRIBUTION COMMITTEE

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) ROSIE THE RIVETER TRUST 94-3335350 501(C)(3) 10,000 CHARITABLE CONTRIBUTION 440 CIVIC CENTER PLAZA 221

RICHMOND.CA 94801 INTERNATIONALIABOR 20-4623032 501(C)(3) 5,068 CHARITABLE MANAGEMENT ALLIANCE CONTRIBUTION

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

3055 RIVA ROAD RIVA, MD 21140

Schedule J (Form 990)

Department of the

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.

DLN: 93493132031927 OMB No 1545-0047

2015

Open to Public

Treas	ury al Revenue Service	,	•			nsp	ectio	n
Naı	me of the organı	zation		Employer	identificatio	n nur	nber	
	ERNATIONAL BROTH LERMAKERS IRON S			48-6031	Q 5 1			
Pa	rt I Ouest	ions Regarding Compensation	n	10 0031	031			
							Yes	No
1 a				y of the following to or for a person listed on F				
	990, Part VII,	Section A, line 1a Complete Part III	to provi	de any relevant information regarding these it	:ems			
	✓ First-clas	s or charter travel		Housing allowance or residence for personal	i			
	<u>-</u>	companions		Payments for business use of personal resid	lence			
	<u> </u>	nification and gross-up payments	✓	Health or social club dues or initiation fees				
	Discretio	nary spending account		Personal services (e g , maid, chauffeur, che	f)		 	
b				in follow a written policy regarding payment o above? If "No," complete Part III to explain	r	1 b	Yes	
2		,		ng or allowing expenses incurred by all			163	
		·		rector, regarding the items checked in line 1a	17	2	Yes	
3	organization's	CEO/Executive Director Check all th	nat apply	ised to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Pa	art III			
	Compens	ation committee	Г	Written employment contract				
		ent compensation consultant	Ė	Compensation survey or study	j		į į	İ
	·	of other organizations	IZ	Approval by the board or compensation com	mittee		į '	ĺ
4	During the yea or a related org		Part VII	, Section A , line $1a$ with respect to the filing c	organization			
а	Receive a seve	erance payment or change-of-control	payment	7		4a	<u> </u>	Νo
b	Participate in,	or receive payment from, a suppleme	ntal nonq	ualified retirement plan?		4b	Yes	
c		or receive payment from, an equity-ba			-	4 c	Yes	
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the	applicable amounts for each item in Part III				
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organiza	tions mu	st complete lines 5-9.				
5	For persons lis			did the organization pay or accrue any				
а	The organization	on?				5a		
b	Any related or	ganızatıon?				5b		
	If "Yes," on lin	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	did the organization pay or accrue any				
а	The organization	on?				6 a		
b	Any related or	ganızatıon?				6b		
	If "Yes," on lin	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 67 If "Yes," o		did the organization provide any non-fixed in Part III		7		
8				ccured pursuant to a contract that was ions section 53 4958-4(a)(3)? If "Yes," desc	cribe	8		
9	If "Yes" on line section 53 49!		e rebutta	ble presumption procedure described in Regu	ılatıons	9		

Seriedates (Form 550) 2015					r ugc 🕳					
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
ınstructions, on row (ii) Do not list ar	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	1 1 1	\	(F) Compensation in	
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported	
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990	

See Additional Data Table

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

PART I. LINE 1A

Return Reference

Explanation FIRST-CLASS TRAVEL OR CHARTER TRAVEL DURING CALENDAR YEAR 2015. THE IBB ALLOWED FOR ALL MEMBERS OF THE INTERNATIONAL

PART I, LINES 4B-C

YEAR, ALLOCATIONS INTO INDIVIDUAL ACCOUNT BALANCES TOTALED \$126,000 PART I, LINE 4C CERTAIN MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE AS WELL AS INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN SERVE ON THE BOARD OF DIRECTORS OF BROTHERHOOD BANCSHARES, INC. (THE "HOLDING COMPANY") AND BANK OF LABOR (THE "BANK"), RELATED ORGANIZATIONS THESE INDIVIDUALS ARE NEWTON JONES, WILLIAM CREEDEN, DAVID HAGGERTY AND TRUMAN WARREN FAIRLEY JR

MEMBERSHIP FEES FOR INTERNATIONAL VICE PRESIDENT LAWRENCE MCMANAMON. THE MEMBERSHIP FEES FOR LAWRENCE MCMANAMON IS CONSIDERED TAXABLE COMPENSATION AND IS INCLUDED IN SCHEDULE J. PART II. COLUMN B (III) TAX INDEMNIFICATION AND GROSS UP PAYMENTS DURING CALENDAR YEAR 2015, THE INTERNATIONAL INDEMNIFIED PERSONAL USE OF THE INTERNATIONAL'S AUTOMOBILES FOR ALL MEMBERS OF THE INTERNATIONAL EXECUTIVE COUNCIL AND CERTAIN OTHER EMPLOYEES. THESE INDEMNIFICATIONS WERE TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN SCHEDULE J. PART II, COLUMN B (III) ALL MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE AS WELL AS INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER THIS PLAN, AMOUNTS ARE ALLOCATED ANNUALLY TO INDIVIDUAL ACCOUNT BALANCES INTEREST IS ALSO CREDITED ANNUALLY UPON RETIREMENT THE PARTICIPANT IS PAID THE BALANCE OF THEIR INDIVIDUAL ACCOUNT THIS AMOUNT IS PAID OUT OF THE INTERNATIONAL'S GENERAL ASSETS DURING THE 2015 CALENDAR

TOTALED \$30.000 THERE WERE NO DISBURSEMENTS TO THESE INDIVIDUALS DURING 2015

EXECUTIVE COUNCIL TO TRAVEL FIRST CLASS. THE FIRST-CLASS TRAVEL IS NOT CONSIDERED TAXABLE COMPENSATION TO THOSE INDIVIDUALS LISTED. HEALTH OR SOCIAL CLUB FEES. DURING CALENDER YEAR 2015 THE INTERNATIONAL PAID FOR HEALTH CLUB

THESE DIRECTORS PARTICIPATE IN A LONG TERM DEFERRED COMPENSATION PLAN OFFERED BY THE HOLDING COMPANY AND THE BANK REFERRED TO AS THE BANK OF LABOR STOCK INCENTIVE COMPENSATION PLAN (THE "PLAN") UNDER THIS ARRANGEMENT, AMOUNTS ARE ALLOCATED ANNUALLY TO EACH PARTICIPANT'S INDIVIDUAL ACCOUNT IN THE PLAN THESE ACCOUNT BALANCES APPRECIATE AND DEPRECIATE IN VALUE BASED ON THE HOLDING COMPANIES BOOK VALUE, WHICH IS DETERMINED ANNUALLY WHEN A PARTICIPANT SEPARATES FROM SERVICE FROM THE HOLDING COMPANY AND THE BANK, THE PARTICIPANT IS PAID THE BALANCE OF THEIR INDIVIDUAL ACCOUNT FROM THE ASSETS OF THE PLAN DURING THE 2015 CALENDAR YEAR, ALLOCATIONS INTO INDIVIDUAL ACCOUNT BALANCES Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp	oyees
---	-------

Form 990, Schedule J, P	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	1	
(A) Name and Title			f W-2 and/or 1099-MISC compensation (ii) (iii)		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		Base Compensation	Bonus & incentive compensation	O ther reportable compensation	compensation			reported as deferred on prior Form 990
1NEWTON B JONES INTERNATIONAL PRESIDENT	(1)	373,129	0	9,590	179,771	24,939	587,429	0
	(11)	350,485	0	1,982	17,761	1,609	371,837	0
1WILLIAM CREEDEN INTERNATIONAL SEC - TREAS	(1)	320,432	0	3,134	174,509	29,642	527,717	0
	(11)	261,651	0	3,841	16,015	1,866	283,373	0
2TOM BACA INTERNATIONAL VICE PRES	(1)	332,965	0	1,800	176,980	28,726	540,471	0
	(11)	0	0	0	0			0
3JOSEPH MALONEY INTERNATIONAL VICE PRES	(1)	407,148	0	0	174,509	19,554	601,211	0
	(11)	0	0	0	0			0
4DAVID HAGGERTY INTERNATIONAL VICE PRES	(1)	316,521	0	10,331	174,509	18,362	519,723	0
	(11)	15,390		10,531	7,500		319,723	
	(,		0	0	7,300	0	22,890	
5LAWRENCE J MCMANAMON INTERNATIONAL VICE PRES	(1)	319,083	0	2,152	172,039	28,321	521,595	0
	(11)	0	0	0	0	0	0	0
6 WARREN FAIRLEY INTERNATIONAL VICE PRES	(1)	306,534	0	5,871	172,450	18,938	503,793	0
	(11)	38,588	0	0	7,500	-	46,088	0
7 SEAN MURPHY SPECIAL REPRENTATIVE	(1)	240,499	0	413	145,823	17,014	403,749	0
	(11)	0	0	0	0	-		0
8BRIDGET MARTIN SPC ASSTNT TO INT PRES	(1)	208,156	0	12	112,263	14,640	335,071	0
	(11)	0	0	0	0			0
9KYLE EVENSON ASSISTANT TO INT PRES	(1)	198,373	0	3,327	116,442	20,015	338,157	0
	(11)	0	0	0	0			0
10DALE A BRANSCUM II ASSISTANT TO INT PRES	(1)	183,189	0	4 572	07.602	17.247	0	
				4,572	97,692	17,347	302,800	
	(11)		0	0	0	0	0	0
11)OHN FULTZ ASSISTANT TO INT PRES	(1)	180,529	0	79	102,900	22,885	306,393	0
	(11)	0	0	0	0	0	0	0

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

2015

DLN: 93493132031927 OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

Schedule L

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

Open to Public

Internal Revenue S	Service											Speci	UII
Name of the o								Emp	loyer	identif	ication	number	•
INTERNATIONAL BOILERMAKERS I								48-6	5031	851			
			ransactions (29) org	ganız	ations c			
			nization answered										
1 (a) Na	me or al	squalified	person	(в) кег	atıonshıp betwe orga	en disquaiine nization	ed person and			ription (action		(d) Corr Yes	No No
												163	110
	amount	of tax inc	curred by organiza	ition ma	nagers or disqu	alıfıed perso	ns during the y	ear un	ders	ection			
4958 .									. •	* \$ -			
3 Enterthe	amount	of tax, if	any, on line 2, abo	ove, reir	nbursed by the	organization			. ,	^			
			or From Inter										
			janization answere ed an amount on l				ne 38a, or Forn	n 990,	Part	IV, line	26, 01	r If the	
OI	yanızatı	ion report	eu all alliouilt oil i	כל ווווט	o, rait x, line :	5,0,0122							
				oan to	(e)	(f)Balance	(g)		, (h		(i)Written		
ınterested person	with organization		on Ioan	1	om the ızatıon?	Original principal	due	defa	uit	A ppro		agreer	nent
F				amount committ									
5				То	From	4,000,000	4,000,000	Yes	No	Yes	No	Yes	No
BANK OF (1) LABOR	MAJOR SHARE	.IIY HOLDER	INVESTMENT		X	4,000,000	4,000,000		Νo	Yes		Yes	
											-	+	
				_							1		
				+							+	+	
Total			> \$		l		4,000,000						
	rants o	r Assis	tance Benefit	ing In	terested Pe	rsons.	.,,,,,,,,,						
			organization ans							_			
(a) Name of pers			b) Relationship be nterested person a		(c) A mount of	assistance	(d) Type of	assista	ance	(e) F	urpos	e of ass	istance
pers	5011	"	organization										
										+			
										+			

Return Reference

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's	
				Yes	No	
See Additional Data Table						
Part V Supplemental 1 Provide additional i		ses to questions or	Schedule L (see instruc	tions)		

Explanation

(11) MARK GARRETT

(12) BRIAN CREEDEN

EMPLOYEE

EMPLOYEE

Software ID: Software Version:

EIN: 48-6031851

Name: INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (e) Sharing (c) A mount of (a) Name of interested person (b) Relationship (d) Description of transaction between interested transaction of person and the organization's organization revenues? Yes (1) BANK OF LABOR MAJORITY THE IBB OWNS A MAJORITY Νo 4,487,872 SHAREHOLDER, OF THE OUTSTANDING **CUSTODIAL AND** BANCSHARES ISSUED BY THE COMMERICAL BANK, BANK OF LABOR (THE BANK), LOAN SERVICER, THE IBB HOLDS BANK TENANT ACCOUNTS AND CUSTODIAL INVESTMENT ACCOUNTS AT THE BANK, THE BANK IS ALSO A TENANT IN THE OFFICE BUILDING THAT IS OWNED AND OPERATED BY THE IBB DURING THE REPORTING PERIOD, THE INTERNATIONAL ENTERED INTO A LOAN ARRANGEMENT WITH THE BANK, THIS LOAN IS CONSIDERED AN INVESTMENT TO THE INTERNATIONAL CERTAIN MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE SIT ON THE BOARD OF DIRECTORS OF THE BANK, THESE INCLUDE NEWTON JONES, INTERNATIONAL PRESIDENT WHO IS ALSO CHAIRMAN OF THE BOARD OF DIRECTORS OF THE BANK AS WELL AS TRUMAN WARREN FAIRLEY JR AND DAVID HAGGERTY, INTERNATIONAL VICE PRESIDENTS OF THE IBB WHO ARE ALSO DIRECTORS ON THE BOARD OF DIRECTORS OF THE BANK OF LABOR THE BOILERMAKERS (2) BOILERMAKER NATIONAL FUNDS TENANT 423,444 Nο NATIONAL FUNDS ARE TENANTS IN THE OFFICE BUILDING THAT IS OWNED AND OPERATED BY THE INTERNATIONAL THESE FUNDS PAY RENT TO THE INTERNATIONAL NUMEROUS MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE SIT ON THE BOARD OF TRUSTEES OF THE BOILERMAKERS NATIONAL FUNDS AS UNION TRUSTEES THESE INCLUDE INTERNATIONAL VICE PRESIDENTS TOM BACA TRUMAN WARREN FAIRLEY JR, DAVID HAGGERTY AND LAWRENCE MCMANAMON (3) CHARLES A JONES **EMPLOYEE** 278,749 CHARLES A JONES IS THE DIRECTOR OF ARCHIVE PRESERVATION AT THE INTERNATIONAL, THE IBB PAYS CHARLES A JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF CHARLES A JONES IS A **FAMILY MEMBER OF** INTERNATIONAL PRESIDENT **NEWTON JONES** (4) DONNA JONES 233.455 DONNA JONES IS AN **EMPLOYEE** Νo ASSISTANT TO THE DIRECTOR OF ADMINISTRATIVE AFFAIRS AT THE INTERNATIONAL, THE IBB PAYS DONNA JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF DONNA JONES IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT **NEWTON JONES** (5) CULLEN JONES **EMPLOYEE** CULLEN JONES IS THE IT 150,661 Νo VIDEO COMMUNICATION TECHNICIAN FOR THE INTERNATIONAL THE IBB PAYS CULLEN JONES A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF CULLEN JONES IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES (6) LENA RUSSELL **EMPLOYEE** 22,513 LENA RUSSELL IS Νo SECRETARY FOR THE INTERNATIONAL THE IBB PAYS IENA RUSSELLA SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF LENA RUSSELL IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT NEWTON JONES (7) EDWARD POWER CONSULTANT 60,114 EDWARD POWER IS A Νo RETIRED OFFICER WHO WORKS THE INTERNATIONAL AS A CONSULTANT EDWARD POWER IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT JOSEPH MALONEY (8) HEATHER BACA **EMPLOYEE** HEATHER BACA IS A 88,722 Νo SECRETARY FOR THE INTERNATIONAL THE IBB PAYS HEATHER BACA A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF HEATHER BACA IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT TOM BACA **EMPLOYEE** (9) RYAN CREEDEN 259,775 RYAN CREEDEN IS THE Νo DIRECTOR OF IT SERVICES FOR THE INTERNATIONAL THE IBB PAYS RYAN CREEDEN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF RYAN CREEDEN IS A FAMILY MEMBER OF INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN (10) KATERYNA JONES **EMPLOYEE** 185,410 KATERYNA JONES IS A Νo SPECIAL ASSISTANT FOR THE INTERNATIONAL THE IBB PAYS KATERYNA JONES A SALARY AND

CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HER BEHALF KATERYNA JONES IS A FAMILY MEMBER OF INTERNATIONAL PRESIDENT

Νo

Νo

NEWTON JONES

235,610

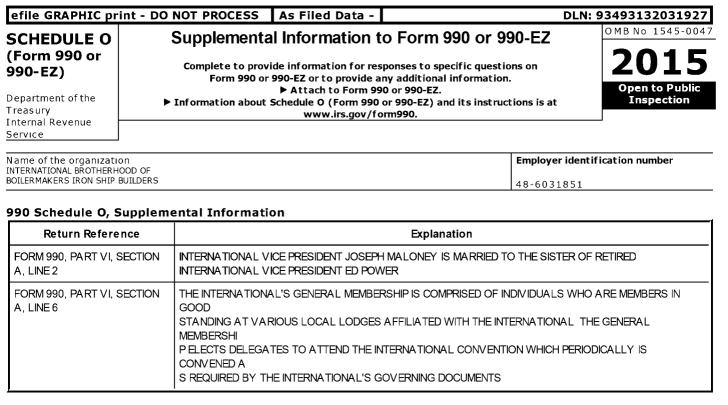
102,598

MARK GARRETT IS THE

BRIAN CREEDEN IS AN

ENGINEER FOR THE INTERNATIONAL THE IBB PAYS BRIAN CREEDEN A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF BRIAN CREEDEN IS A FAMILY MEMBER OF INTERNATIONAL SECRETARY TREASURER WILLIAM CREEDEN

DIRECTOR OF HEALTH AND SAFETY SERVICES FOR THE INTERNATIONAL THE IBB PAYS MARK GARRETT A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF MARK GARRETT IS A FAMILY MEMBER OF INTERNATIONAL VICE PRESIDENT TRUMAN WARREN FAIRLEY JR



990 Schedule O, Supplemental Information

Return Reference

A. LINE 7B

	·
FORM 990, PART VI, SECTION	THE INTERNATIONAL EXECUTIVE COMMITTEE IS ELECTED EVERY 5 YEARS AT THE CONVENTION BY
A, LINE 7A	DELEGATES WHO ARE ELECTED BY THE GENERAL MEMBERSHIP

THE CONVENTION WHICH IS CONVENED EVERY FIVE YEARS

Explanation

A, LINE 7A DELEGATES WHO ARE ELECTED BY THE GENERAL MEMBERSHIP

FORM 990. PART VI. SECTION | CERTAIN EXECUTIVE COMMITTEE DECISIONS ARE SUBJECT TO APPROVAL BY THE ELECTED DELEGATES AT

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART VI,	THE INTERNATIONAL SECRETARY TREASURER PROVIDES THE FORM 990 TO THE INTERNATIONAL EXECUTIVE
SECTION B, LINE 11	COUNCIL FOR THEIR CAREFUL REVIEW AND APPROVAL ONCE APPROVED, THE FORM IS SIGNED AND
	SUBMITTED

Explanation

FORM 990, PART VI,
SECTION B, LINE 12C

ANNUALLY ALL OFFICERS AND EMPLOYEES OF THE INTERNATIONAL ARE REQUIRED TO DISCLOSE ALL REAL
AND A PPARENT CONFLICTS OF INTEREST THAT THEY DISCOVER OR THAT HAVE BEEN BROUGHT TO THEIR
ATTENTION IN CONNECTION WITH THE INTERNATIONAL BROTHERHOOD'S ACTIVITIES

990 Schedule O. Supplemental Information

Return

Reference

LINE 15

LINE 19

11010101100	
FORM 990, PART	THE SALARY OF THE INTERNATIONAL PRESIDENT IS DETERMINED AND VOTED UPON BY DELEGATES FROM EACH LOCA
VI, SECTION B,	LODGE AT THE INTERNATIONAL CONVENTION HELD EVERY FIVE YEARS THE SALARIES OF THE INTERNATIONAL
LINE 15	SECRETARY TREA SURER AND INTERNATIONAL VICE PRESIDENTS ARE A PERCENTAGE OF THE INTERNATIONAL

Explanation

PRESIDENT'S ANNUAL SALARY. THESE PERCENTAGES ARE SET FORTH IN THE INTERNATIONAL'S CONSTITUTION WHICH HAS ALSO BEEN FORMALLY APPROVED BY THE DELEGATES AT THE CONVENTION FORM 990, PART THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON VI. SECTION C. REQUEST AT THE OFFICE OF THE INTERNATIONAL BROTHERHOOD

990 Schedule O, Supplemental Information

CANADIAN CONVERSION LOSSES -220.199

Return Reference	Explanation

FORM 990. PART XI, LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493132031927 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS

SCHEDULE R

(Form 990)

► Attach to Form 990.

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

Inspection

Employer identification number

48-6031851

Part I Identification of Disregarded Entities Comp	lete if the organization a	nswered "Yes" or	n Form 990, Part	IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
(1) BOILERMAKERS INTERNATIONAL CAJUN REALTY CORPORATION 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101 43-1806811	TO HOLD TITLE OF PROPERTY IN LOUISIANA	KS	0	80,517	N/A			
(2) INTERNATIONAL BROTHERHOOD BUILDING CORPORATION 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101 48-6031851	TO HOLD TITLE OF PROPERTY IN CANADA	KS	0	573,535	N/A			
(3) INTERNATIONAL REAL ESTATE HOLDING COMPANY LLC 753 STATE AVENUE SUITE 565 KANSAS CITY, KS 66101	TO HOLD TITLE OF INVESTMENTS AND COLLECT INCOME FROM THOSE INVESTMENTS	KS	0	4,492,678	N/A			
Part II Identification of Related Tax-Exempt Organ		e organization an	swered "Yes" or	ı Form 990, Part	IV, III	ne 34 because it	had on	e
or more related tax-exempt organizations during	the tax year. (b)	(c)	(d)	(e)	· I	(f)	 	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section			Direct controlling entity		
							Yes	No
(1)INT'L BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND 753 STATE AVENUE	SEE SCHEDULE O	KS	527	N/A		N/A		No
KANSAS CITY, KS 66101 73-1642980								
(2)INT'L BROTHERHOOD OF BOILERMAKERS LEGISLATIVE EDUCATION FUND 753 STATE AVENUE	SEE SCHEDULE O	KS	527	N/A		N/A		No
KANSAS CITY, KS 66101 73-1642974						IN/ A		
(3)INT'L BROTHERHOOD OF BOILERMAKERS ARCHIVES 753 STATE AVENUE KANSAS CITY, KS 66101	TO DEVELOP A CENTRALIZED, DOCUMENTED AND PUBLICLY AVAILABLE	KS	501C3	PUBLICLY SUPPORT		N/A		No
48-1140537	HISTORY OF IBB							
(4)INT'L BROTHERHOOD OF BOILERMAKERS OFFICERS AND EMP PENSION 753 STATE AVENUE	TO PROVIDE RETIREMENT BENEFITS FOR ELIGIBLE PARTICIPANTS	KS	401(A)	N/A		N/A		No
KANSAS CITY, KS 66101 48-6031851								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	(k) Percentage ownership
				514)			Yes	No	1	Yes	No	
							163	140		163	110	
										\vdash		
										\vdash		
									<u> </u>			
										\vdash		
									<u> </u>		Ш	
	6							1157 11	0			T) (

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	13) olled
								Yes	No
(1)BANK OF LABOR	BANKING	KS	N/A	C			53 000 %		No
756 MINNESOTA AVENUE KANSAS CITY, KS 66101 48-1081524									

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
. During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
f b Gift, grant, or capital contribution to related organization(s)				1 b	Yes				
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No			
f d Loans or loan guarantees to or for related organization(s)				1d	Yes				
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
Performance of services or membership or fundraising solicitations for related organization(s)									
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	1			
o Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1 p	Yes				
q Reimbursement paid by related organization(s) for expenses				1q	Yes				
r Other transfer of cash or property to related organization(s)				1r	Yes				
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1 s		No			
If the answer to any of the above is "Yes," see the instructions for information on who must complet		vered relationships							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved				

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)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V-UBI General or managing box 20 partner? of Schedule K-1		mount in box 20 partner? Schedule K-1		General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 I					
													<u>. </u>				

