



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



2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

C Name of organization  
International Brotherhd Boilermkrs

D Employer identification number

73-6103039

 Address change Name change Initial return Final return/terminated Amended return Application pendingNumber and street (or P O box, if mail is not delivered to street address)  
2579 E 4675 Road

Room/suite

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code  
Adair, OK 74330

F Group Exemption Number ► 1252

G Accounting Method  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 5 ) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other Labor Union

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 67,027

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 66,993
	4 Investment income . . . . .	4 34
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .	9 67,027
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 51,472
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 1,200
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 300
	15 Printing, publications, postage, and shipping . . . . .	15 20
	16 Other expenses (describe in Schedule O) . . . . .	16 3,080
	17 Total expenses. Add lines 10 through 16 ► . . . . .	17 56,072
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 10,955
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 4,694
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 15,649

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,694	22 15,649
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 <b>Total assets</b>	4,694	25 15,649
26 <b>Total liabilities</b> (describe in Schedule O)	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	4,694	27 15,649

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

Labor Organization

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here 

28a

29

(Grants \$ )

If this amount includes foreign grants, check here 

29a

30

(Grants \$ )

If this amount includes foreign grants, check here 

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here 

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Donald C Pearsoll Secretary-Treasurer	10 00	600	0	0
Tommy L Bonds President	10 00	600	0	0
Jacob W Cole Vice-President	1 00	0	0	0
Michael R Routledge Recording Secretary	1 00	0	0	0
James B Smith Trustee	1 00	0	0	0
David B Bailey Jr Trustee	1 00	0	0	0
Ralph W Neice Trustee	1 00	0	0	0
Jacob T Miller Inspector	1 00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33	33	No
34	34	No
35a	35a	No
b	35b	
c	35c	No
36	36	No
37a	37a	
b	37b	No
38a	38a	No
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a	Telephone no	(918) 527-8161
Located at	ZIP + 4	74330
b	42b	No
If "Yes," enter the name of the foreign country	42c	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	
45a	45a	No
45b	45b	No

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

**Sign Here**

***** Signature of officer Tommy L Bonds Secretary-Treas Type or print name and title	2017-02-14 Date
--	--------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Carolyn Nitcher	Preparer's signature	Date 2017-02-14	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00468700
	Firm's name ► Slipper Creek Accounting		Firm's EIN ► 20-1321151		
	Firm's address ► 1916 Atchison Avenue Lawrence, KS 66047		Phone no (785) 842-3717		

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 73-6103039

**Name:** International Brotherhd Boilermkrs

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 To improve working conditions for members (Grants \$ )      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

**SCHEDULE O  
(Form 990 or  
990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization  
International Brotherhd Boilermkrs

**Employer identification number**

73-6103039

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity Per Capita Payment Grantee Intl Brotherhood of Boilermkrs Street 753 State Avenue City, State, Zip Kansas City, KS 66101Relationship parent organization Amount 51,472
Description of other expenses Part I line 16	Description AmountAffiliation Fees 942LEF 236Fidelity Bond 97Travel 1,670Retiree Gift 125Office Supplies 10