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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service

Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 7/01 . 2011. and ending 2012 D Employer Identification Number Check if applicable INTERNATIONAL BROTHERHOOD OF ELECTRICAL 86-0055726 Address change WORKERS LOCAL UNION 640 Telephone number Name change 5808 N. 7TH STREET 602-264-4506 Initial return PHOENIX, AZ 85014 Terminated 5,045,577. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions)]501(c)(3) **X** 501(c) (5 Tax-exempt status) ◀ (insert no.) 4947(a)(1) or IBEW640.ORG Website: ► H(c) Group exemption number Association X Other► Form of organization Corporation Trust L Year of Formation 1952 M State of legal domicile AZ Part I Summary Briefly describe the organization's mission or most significant activities LABOR ORGANIZING Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 14 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 Ō._ 7 a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 3,084,523. 3,296,728. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 409,708. 308,754. 43,336. 42,163. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,537,567. 3,647,645. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,000 43,990. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,074,799. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 992,124. 16a Professional fundraising fees (Part IX, column (A), lime 1 b Total fundraising expenses (Part IX, column (D), Ine 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,141,121 2,035,528. 18 Total expenses Add lines 13-17 (must equal art டி டிவியற்டி A) முழ் 25 9 3,189,245. 3,154,317. Revenue less expenses Subtract line 18 from line 12 348,322. 493,328. End of Year Beginning of Current Year OGDEN, UT 20 Total assets (Part X, line 16) 6,017,506. 6,366,547. 21 Total liabilities (Part X, line 26) 287,564. 218,369. 5,729,942. Net assets or fund balances. Subtract line 21 from line 20 6,148,178. Part II Signature Block 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 Signature of officer Sign 1-28-13 Here Type or print name and title Print/Type preparer's name ROBERT BALDWIN P00815972 Paid self-employed ► CLEVELAND ESTES AVELLONE Preparer Use Only ► 3411 N 5TH AVE STE 500 Firm's EIN - 20-5717151 Firm's address PHOENIX, AZ 85013-3897 Phone no 602-265-4500

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

No

X Yes

	BROTHERHOOD OF ELECTRICAL	86-005572	26 Page 2
Part III Statement of Program	Service Accomplishments		_
Check if Schedule O contains	s a response to any question in this Part III		
1 Briefly describe the organization's m	nission		
LABOR_ORGANIZING			
<u></u>			
2 Did the organization undertake any	significant program services during the year which were not liste	ed on the prior	
Form 990 or 990-EZ?		·П	Yes X No
If 'Yes,' describe these new services	s on Schedule O	L	
•	ng, or make significant changes in how it conducts, any progran	services?	Yes X No
If 'Yes,' describe these changes on			
·		cervices as measur	ed by expenses
Section 501(c)(3) and 501(c)(4) organization others, the total expenses, and reverse	n service accomplishments for each of its three largest program anizations and section 4947(a)(1) trusts are required to report the nue, if any, for each program service reported	e amount of grants	and allocations to
4a (Code Expenses \$	including grants of \$) (Revenue \$)
	LABOR UNION ORGANIZED UNDER AN INTERNATI		TO PROVIDE
	ND TO REPRESENT THEM IN LABOR NEGOTIATION		
	BERS AT JUNE 2012.		
			-
			- -
			_
			
4b (Code (Expenses \$	including grants of \$) (Revenue \$)
			
			-
			-
4c (Code Expenses \$	including grants of \$) (Revenue \$)
		·· ·	
			-
			-
			- -
			-
4d Other program services (Describe i		<u> </u>	
(Expenses \$	including grants of \$) (Revenue	<u> </u>	
4e Total program service expenses ► BAA	TEEA0102L 07/05/11		Form 990 (2011)

86-0055726 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х **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 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 X 5 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, Х Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, 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 X 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 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part VI **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11 b c 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Х 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI. XII. and XIII 12a Х 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, XII, and XIII is optional 12b X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	_	х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
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		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	<u> </u>	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	-	x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	_X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2011)

	Check if Schedule O contains a response to any question in this Part V				П		
_				Yes	No		
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0					
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0					
	${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable gaming					
	(gambling) winnings to prize winners?		1c				
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 14					
	b If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in						
3	a Did the organization have unrelated business gross income of \$1,000 or more during the yea	·	3a		X		
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4a	_	х		
	b If 'Yes,' enter the name of the foreign country		-				
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F						
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		X		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5b 5c	-			
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		30	 			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							
	b If 'Yes,' did the organization include with every solicitation an express statement that such content tax deductible?	ontributions or gifts were	6b				
7	Organizations that may receive deductible contributions under section 170(c).		-05	 			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p	arthy for goods and		1	1		
	services provided to the payor?	arily for goods and	7a				
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		_7b				
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c				
	d if 'Yes,' indicate the number of Forms 8282 filed during the year	7d	<u> </u>	ļ	ļ		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e 7f	ļ	<u> </u>		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	g If the organization received a contribution of qualified intellectual property, did the organizati as required?		7 g				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8				
9	Sponsoring organizations maintaining donor advised funds.			ļ	ļ		
	a Did the organization make any taxable distributions under section 4966?		9a	<u> </u>			
	b Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
	Section 501(c)(7) organizations. Enter	I	***	 			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	,	, · .			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ļ ·	4.9	G-		
	Section 501(c)(12) organizations. Enter	a. 1	, , .	. By			
	a Gross income from members or shareholders	11a	1 72	e Kaita	٠		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 ь	200				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	4,080 a.s.	190° c. b		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	3		(*)		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ			
	a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report an School in	0.0	13a	 ,-	 , , 		
	Note. See the instructions for additional information the organization must report on Schedul	e ()		- A.	i.		
	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	13Ь	ľ		· -		
	c Enter the amount of reserves on hand	13c	1 :	[ļ.		
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b				
BA			Form	990	(2011)		

Form 990 (2011) INTERNATIONAL BROTHERHOOD OF ELECTRICAL 86-0055726 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 SEE SCHEDULE O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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 Х **b** Other officers of key employees of the organization SEE SCHEDULE O 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LOCAL UNION 5808 N. 7TH STREET

PHOENIX AZ 85014 602-264-4506

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Form 990 (2011)	INTERNATIONAL	BROTHERHOOD	OF	ELECTRICAL

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organizat	ion nor any	relate	d or	gan	ızatı	on co	mpe	ensated any current of	fficer, director, or trus	tee
		(C)								
(A) Name and title	(B) Average hours per week	-	t checks pers	Posick mos son is direc	ition ore th s both ctor/tr	an one n an offi ustee)	box,	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL VALENTINO EXEC. BOARD	1	X						0.	0.	0.
(2) GREG EASTIN	 		H				\vdash			
EXECUTIVE BOARD	1	х						0.	0.	0.
(3) ROY HAMILTON										
EXEC. BOARD	1	Х						0.	0.	0.
(4) FRANK CISSNE										
EXEC. BOARD	11	Х					١.,	0.	0.	0.
(5) TERENCE SHARKEY										
EXEC. BOARD	1	X						0.	0.	0.
(6) DEAN WINE	_									
BUS. MANAGER	48			X				86,158.	0.	0.
(7) RICHARD STEWART		1								
RECORDING SEC	1			X			L	0.	0.	0.
(8) MICHAEL BRAGONE										
TREASURER	48			X		_		71,596.	0.	0.
(9) SHAWN HUTCHINSON	_									
PRESIDENT	48			Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$	71,596.	0.	0.
(10) RALPH HARRIS						!				
VICE PRESIDENT	48			Х				53,226.	0.	0.
(11)	-					1				
(12)	+		-				-			
(13)										
(14)	+	_		-						
		Щ					1			

(A) Name and title	(B) Average hours	(do do d	not cl unle: er an	Pos heck ss pe	tion more	than o	one an	(D) Reportable compensation from	(E) Reportable	E	(F) Estimated ount of ot	l her
	week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W·2/1099-MISC)	or a	from the ganization of relate ganization	n ed
(15)												
(16)					-							
(17)				-								
(18)												
(19)								-				
(20)												
(21)			_									
(22)												
(23)												
(24)												
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)				J - 1.			>	282,576. 0. 282,576.	0 0	<u> </u>		0. 0.
2 Total number of individuals (including but not limite from the organization ► 0	———			a a b	ove,		o re			mable co	Yes	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus	stee,	key	em	ploy	ee, c	or hi	ghest compensat	ed employee	3	TES	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t			mpe	ensa If 'Y	ition /es'	and com	oth olet	er compensation e Schedule J for	from			
 such individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or accrue to the organization of the organiza										4		X
Section B. Independent Contractors										5	<u> </u>	X
1 Complete this table for your five highest compensation from the organization. Report compe	ed indensation	epend for	deni lhe	t cor cale	ntrac nda	tors r yea	tha ir er	t received more t nding with or with	han \$100,000 of in the organizatio	n's tax y	ear.	
(A) Name and business addres	s			_				Description	of services	Comp	(C) ensatio	n
				_	_							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t limi	ted	to t	hose	liste	ed a	bove) who receiv	ed more than			

ra	. Statement of Revenue		(A)	(B)	(C)	(D)
1			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S.	1a Federated campaigns 1a			revenue		312, 313, 01 314
ANT	b Membership dues 1b					
MOU	c Fundraising events 1c					
FTS,	d Related organizations 1d					
₹.	e Government grants (contributions) 1 e					
SIN						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
NO	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f					
NO.	Business C	ode	2 200 720	2 206 720		-
Ē	2a MEMBERSHIP DUES & ASSESSM		_3,296,728.	3,296,728.		
CEF	b	-				
Š	<u></u>			<u> </u>		
A SE	a-				_	
PROGRAM SERVICE REVENUE	f All other program convey revenue		_			
ĕ	f All other program service revenue g Total. Add lines 2a-2f		3,296,728.			
-			3,290,128.			-
	3 Investment income (including dividends, interest a other similar amounts)	nd ▶	207,381.	85,009.		122,372.
	4 Income from investment of tax-exempt bond proce	eds ►		00,0001		122/072.
	5 Royalties	• • • • • • • • • • • • • • • • • • •				
	(i) Real (ii) Persi	onal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	>				1
	7a Gross amount from sales of assets other than inventory 1,487,405. 11,	900.				,
	b Less. cost or other basis	016.				ļ
		884.				1
	d Net gain or (loss)	•	101,373.	101,373.		
JE I	8a Gross income from fundraising events (not including \$	•				
	of contributions reported on line 1c)					
OTHER REVEN	See Part IV, line 18					· ·
皇	b Less. direct expenses b					İ
۵	c Net income or (loss) from fundraising events	-			<u>-</u>	
	9a Gross income from gaming activities See Part IV, line 19					
ŀ	b Less: direct expenses b					
	c Net income or (loss) from gaming activities				· - -	
	10a Gross sales of inventory, less returns and allowances		·		<u>.</u>	
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory	▶	·			†
į	Miscellaneous Revenue Business C	ode				
Ī	11a PROMOTIONAL FUND		36,459.	36,459.		
	b MISCELLANEOUS		5,704.	5,704.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•	42,163.			
	12 Total revenue. See instructions	•	3,647,645.	3,525,273.	0.	122,372.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a r	esponse to any question	n in this Part IX	-	X
Do i 6b,	not include amounts reported on lines 7b, 8b, 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 governments and organizations in the United States See Part IV, line 21		•		1
2	Grants and other assistance to individuals in the United States See Part IV, line 22				ı
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	43,990.			
5	Compensation of current officers, directors, trustees, and key employees	282,576.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	486,590.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	93,539.			
q	Other employee benefits	147,958.		<u> </u>	
	Payroll taxes	64,136.	_		
	Fees for services (non-employees)	04,130.			<u> </u>
	Management				
_	Legal	52,210.			
	: Accounting	44,237.		· · · · · · · · · · · · · · · · · · ·	
c	Lobbying				
е	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees	44,621.			
ç	Other				
12	Advertising and promotion	105,682.			
13	Office expenses	88,190.	·		
14	Information technology				
15	Royalties				
	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
	Depreciation, depletion, and amortization	14,000.			
	Insurance Other expenses Itemize expenses not	16,667.			
2-7	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	PER CAPITA TAXES - INT'L	609,243.			
b	GRANTS	294,083.			
	8% CONTRIBUTION TO BLDG ASSN	203,912.			
	PROMOTIONAL EXPENSES	135,278.			
е	All other expenses SEE SCH. 0	427,405.			
25	Total functional expenses. Add lines 1 through 24e	3,154,317.			
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)				

BAA

Pá	<u>irt X</u>	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		333,629.	1	439,392.
	2	Savings and temporary cash investments		757,619.	2	803,065.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		189,945.	4	268,233.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contraponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ed under section 4958(f)(1)), ibuting employers and ry employees' beneficiary		6	
A	7	Notes and loans receivable, net		-	7	
ASSETS	8	Inventories for sale or use			8	
Ť	9	Prepaid expenses and deferred charges		4,226.	9	9,588.
Ĭ	1	•	l I	4,220.		3,300.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 250,351.			
	b	Less accumulated depreciation	10b 186,104.	23,323.	10 c	64,247.
	11	Investments – publicly traded securities		3,560,756.	11	3,549,005.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,148,008.	15	1,233,017.
	16	Total assets. Add lines 1 through 15 (must equal line	34)	6,017,506.	16	6,366,547.
	17	Accounts payable and accrued expenses		263,316.	17	193,379.
	18	Grants payable			18	
	19	Deferred revenue		10,380.	19	8,475.
Ļ	20	Tax-exempt bond liabilities			20	
AB	21	Escrow or custodial account liability Complete Part			21	
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe of Schedule L	stees, key employees, rsons Complete Part II		22	
Ī	23	Secured mortgages and notes payable to unrelated the	ord parties		23	
S	24	Unsecured notes and loans payable to unrelated third	•	-	24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•	12.000		16 515
	1	Total liabilities. Add lines 17 through 25	iplete Part X or Schedule D	13,868. 287,564.	25	16,515.
	20	Organizations that follow SFAS 117, check here	X and complete lines	201,304.	26	218,369.
N E T		27 through 29 and lines 33 and 34.	A and complete lines			
Ą	27	Unrestricted net assets		5,712,412.	27	6,130,648.
ASSET-S	28	Temporarily restricted net assets		17,530.		
Ī	29	Permanently restricted net assets		17,550.	28	17,530.
Q R	23	Organizations that do not follow SFAS 117, check he	un b		29	
		lines 30 through 34.	and complete			
	30	Capital stock or trust principal, or current funds			20	
	31	Paid-in or capital surplus, or land, building, or equipm	ant fund		30	
B L	32			-	31	
Ň		Retained earnings, endowment, accumulated income,	or other tunas	F 700 040	32	C 140 170
AZCES	33	Total net assets or fund balances		5,729,942.	33	6,148,178.
<u> </u>	_34	Total liabilities and net assets/fund balances		6,017,506.	34	6,366,547.

Form **990** (2011)

		(2011)	INTERNATIO	NAL	BROTHERHOOD OF ELECTRICAL 86-	·0055726		Pa	ge 12
Pa	t XI	Recor	iciliation of N	let A	ssets			<u></u> -	
	·	Check	if Schedule O co	ntain	s a response to any question in this Part XI				X
1	Total	revenue	(must equal Par	rt VIII	, column (A), line 12)	1		<u>47,6</u>	
2	Total	expense	s (must equal P	art IX	, column (A), line 25)	2		<u>54,3</u>	
3	Reve	nue less	expenses Subti	ract li	ne 2 from line 1	3		<u>93,3</u>	
4	Net a	assets or	fund balances a	t begi	nning of year (must equal Part X, line 33, column (A))	4		<u> 29,9</u>	
5	Othe	r change:	s in net assets o	r func	d balances (explain in Schedule O) SEE SCHEDULE O	5		75 <u>,</u> 0	<u>92.</u>
6	Net a	essets or nn (B))	fund balances a	t end	of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	6, <u>1</u>	48,1	.78.
Pa	t XII	Finan	cial Statemer	nts a	nd Reporting				_
		Check i	f Schedule O co	ntains	s a response to any question in this Part XII				\Box
								Yes	No
1	Acco	unting m	ethod used to pr	epare	the Form 990 [.] Cash X Accrual Other				į
	If the	e organiza chedule C	ation changed its	s meth	nod of accounting from a prior year or checked 'Other,' explain				
2	Were	the orga	inization's financ	cial st	atements compiled or reviewed by an independent accountant?		2a	Х	
	Were	the orga	anization's financ	cial st	atements audited by an independent accountant?		2b	X	
(: If 'Ye revie	es' to line w, or cor	2a or 2b, does to a pilation of its fit	the or	ganization have a committee that assumes responsibility for oversight of all statements and selection of an independent accountant?	the audit,	2c	Х	
	If the		ation changed ei		ts oversight process or selection process during the tax year, explain				
•	sepa	es' to line rate basi	s, consolida <u>ted</u> b	oasis,	_	ued on a		:	;
	X	Separat	e basis 🔲 C	Conso	lidated basis Both consolidated and separate basis				
3	As a Audit	result of t Act and	a federal award OMB Circular A	, was -133?	the organization required to undergo an audit or audits as set forth in the	Single	3a	<u></u>	х
	or au	es,' did th	e organization u lain why in Sche	nderg	o the required audit or audits? If the organization did not undergo the red O and describe any steps taken to undergo such audits	quired audit	3b		
BAA				_			Form	990 ((2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640 86-0055726 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2011 INTER				86-005			Page 2
Part III Organizations Mainta	ining Collection	ns of Art, Histo	<u>rical Treasures, or</u>	Other Similar Ass	ets (co	<u>ntınu</u>	<u>ed)</u>
3 Using the organization's acquisitivens (check all that apply)	on, accession, an	d other records, ch	eck any of the following	that are a significant u	se of its	collect	tion
a Public exhibition		\vdash	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener 4 Provide a description of the orga		ons and explain how	v they further the organ	ızatıon's exempt purpos	e in		
Part XIV.5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece	ive donations of ar	t, historical treasures, o	r other similar	¬ v	Г	المات مامات
Part IV Escrow and Custodia					yes m 990	Part	No IV
line 9, or reported an	amount on For	m 990, Part X.	line 21.	sweled les to loi	111 330	, i ait	, ,
1a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and o	omplete the follow	ng table				
					Amount		
c Beginning balance				1c	_		
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance		00 D-4V L 015		1f	- 1 w		¬
2a Did the organization include an a		90, Part X, line 21	,	l	Yes	L	No
Part V Endowment Funds. Co		organization and	swered 'Ves' to For	m 990 Part IV line	10		
Part V Elidowinelit Fullus. Co	(a) Current year	(b) Prior yea				our year	
1 a Beginning of year balance	(a) current year	(b) Thor yea	(c) 140 years back	(a) Thice years back	(6)1	our your	3 Dack
b Contributions				<u> </u>	1		
c Net investment earnings, gains, and losses							
d Grants or scholarships					1		
Other expenditures for facilities and programs		·			-		
f Administrative expenses	 .				+		
g End of year balance					 		
2 Provide the estimated percentag	e of the current ve	ear end balance (lir	ne 1g. column (a)) held		<u> </u>		
a Board designated or quasi-endov	-	8	19, 00.0 (0),				
b Permanent endowment ►	8						
c Temporarily restricted endowmer	nt ►	%					
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%.					
3a Are there endowment funds not organization by	n the possession	of the organization	that are held and admi	nistered for the	Г	Yes	No
(i) unrelated organizations					3a(i)	,05	
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations liste	d as required on So	chedule R?		3b		
4 Describe in Part XIV the intended	_						
Part VI Land, Buildings, and	Equipment. Se	e Form 990, Pa	art X, line 10.				
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	Book va	lue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment.			222,618.	158,371.		64,	<u>, 247.</u>
e Other			27,733.	27,733.			0.
Total. Add lines 1a through 1e. (Colum BAA	nn (d) must equal	⊦orm 990, Part X,	column (B), line 10(c))	► Sched	ule D (Fo		, 247. 90) 2011

Schedule D (Form 990) 2011 INTERNATIONAL			-0055726	Page 4
Part XI Reconciliation of Change in Net Assets	from Form 990 to Audited Finance	cial Statements		
1 `Total revenue (Form 990, Part VIII, column (A)	, line 12)		3	,647,645.
2 Total expenses (Form 990, Part IX, column (A), line 25)		3	,154,317.
3 Excess or (deficit) for the year. Subtract line 2	from line 1			493,328.
4 Net unrealized gains (losses) on investments				-75,092.
5 Donated services and use of facilities.				
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV).				
9 Total adjustments (net) Add lines 4 through 8				-75,092.
10 Excess or (deficit) for the year per audited fina	incial statements. Combine lines 3	3 and 9		418,236.
Part XII Reconciliation of Revenue per A			eturn	
1 Total revenue, gains, and other support per au				,572,553.
2 Amounts included on line 1 but not on Form 9				,
a Net unrealized gains on investments	56, 7 dre VIII, III 6 12	2a -75,092.		
b Donated services and use of facilities		2b	1	
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)		2d	1	
e Add lines 2a through 2d		20		-75 002
•			2e 3	-75,092. 3,647,645.
3 Subtract line 2e from line 1	10 hukustan bas 1	1 1	3 -3	0,047,045.
4 Amounts included on Form 990, Part VIII, line				
a Investment expenses not included on Form 99	u, Part VIII, line 7b	4a	4 1	
b Other (Describe in Part XIV)		4b	 -	
c Add lines 4a and 4b			4c	CAT CAE
5 Total revenue Add lines 3 and 4c. (This must		A NAPAL E		<u>3,647,645.</u>
Part XIII Reconciliation of Expenses per		ents with Expenses per		154 315
Total expenses and losses per audited financi			1 - 3	3,154,317.
2 Amounts included on line 1 but not on Form 9	90, Part IX, line 25		l	
a Donated services and use of facilities.			1	
b Prior year adjustments		2b	1 1	
c Other losses		2c	1	
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3 3	3,154,317.
4 Amounts included on Form 990, Part IX, line 2	5, but not on line 1:		ł I	
a Investment expenses not included on Form 99	0, Part VIII, line 7b	4a	1	
b Other (Describe in Part XIV.)		4b		
c Add lines 4a and 4b			4c	154 015
5 Total expenses Add lines 3 and 4c. (This mu	st equal Form 990, Part I, line 18)	5 3	<u>3,154,317.</u>
Part XIV Supplemental Information				
Complete this part to provide the descriptions required Part V, line 4, Part X, line 2, Part XI, line 8; Part XI any additional information PART X - FIN 48 FOOTNOTE	, lines 2d and 4b, and Part XIII, li	nes 2d and 4b. Also complete	e this part to p	zo, rrovide
THE_I.B.E.W. LOCAL 640 HAS AD	OPTED_A FAS 5_APPROAC	H_FOR_EVALUATING_U	NCERTAIN	T <u>AX</u>
POSITIONS				
				· -
	·			
	·			
BAA	TEEA3304L 05/25/11		Schedule D (F	orm 990) 2011

Schedule D (Form 990) 2011	INTERNATIONAL	BROTHERHOOD O	F ELECTRICAL	86-0055726	Page 5
Schedule D (Form 990) 2011 Part XIV Supplemental	Information (cont	ınued)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service 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.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL

86-0055726 WORKERS LOCAL UNION 640 PART VI SECTION B POLICIES THE RETURN IN QUESTIONS 12 THROUGH 13 REQUEST IF THE LOCAL UNION HAS VARIOUS POLICIES IN PLACE RELATING TO CONFLICT OF INTEREST AND WHISTLE BLOWER AS OF THE END OF THE YEAR. THESE POLICIES ARE PROVIDED AND REQUIRED BY THE INTERNATIONAL ORGANIZATION AND ARE LOCATED IN THE APPROPRIATE GOVERNING DOCUMENTS MAINTAINED BY THE LOCAL AND THE INTERNATIONAL BYLAWS AND CONSTITUTION. FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THE MEMBERS OF THE LOCAL UNION ARE ELECTRICIANS AND APPRENTICES WHO MEET THE REQUIREMENTS OF MEMBERSHIP AS OUTLINED IN THE GOVERNING DOCUMENTS OF THE LOCAL. EACH ELIGIBLE MEMBER IS ALLOWED TO VOTE IN ELECTIONS AND APPROVE VARIOUS TRANSACTIONS AS SPECIFIED IN THE GOVERNING DOCUMENTS OF THE LOCAL UNION. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY MEMBERS HAVE REGULAR MEETINGS WHERE ACTIONS ARE DISCUSSED AND APPROVED. EVERY THREE YEARS THE LOCAL HAS FORMAL ELECTIONS TO ELECT OFFICERS AND OTHER REPRESENTATIVES OF THE LOCAL. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS MEMBERS HAVE REGULAR MEETINGS WHERE ACTIONS ARE DISCUSSED AND APPROVED. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS FEDERAL FORM 990 WAS PROVIDED TO THE BUSINESS MANAGER WHO REVIEWED THE DOCUMENT PRIOR TO SIGNING THE FORM. A COPY OF THE FORM WAS MADE AVAILABLE TO ALL OTHER MEMBERS OF THE EXECUTIVE BOARD TO REVIEW AT THE NEXT REGULARLY SCHEDULED MEETING PRIOR TO FILING THE FORM. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES COMPENSATION IS BASED UPON APPROVED AMOUNTS IN THE BYLAWS OF THE LOCAL UNION AS APPROVED BY THE MEMBERS OF THE LOCAL AND THE INTERNATIONAL. THE HOURLY WAGE RATE FOR EACH MEMBER IS SET BASED UPON THE COLLECTIVE BARGAINING RATE AS NEGOTIATED

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Schedule Q (Form 990 or 990 Name of the organization INTERN WORKER	ATIONAL BROTHERHOOD OF S LOCAL UNION 640	ELECTRICAL	Employer Identification	Page 2 n number
FORM 990, PART VI	, LINE 15B - COMPENSATION	I REVIEW & APPROVA	L PROCESS FOR OFFICER	S & KEY EMPLOYEES
BETWEEN LABOR A	ND MANAGEMENT OVER THE	TERM OF THE AGRE	CEMENT.	
FORM 990, PART VI	, LINE 19 - OTHER ORGANIZA	ATION DOCUMENTS P	UBLICLY AVAILABLE	
THE LOCAL PROVI	DES COPIES OF DOCUMENT	S REQUESTED OF IT	AVAILABLE BY MAIL O	R_TO_BE
PICKED UP IN PE	RSON BASED UPON ITS GU	JIDELINES AND LAWS	REQUIRING THE AVAIL	ABILITY OF
SUCH DOCUMENTS.	ADDITIONALLY, EXCERF	PTS OF CERTAIN DOO	CUMENTS ARE AVAILABLE	ON THE
LOCAL'S WEBSITE				
				
				
		-		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

201

OMB No 1545-0047

Open to Public Inspection

Employer identification number

86-0055726

Schedule R (Form 990) 2011 (g) Sec 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes × (f)
Direct controlling
entity N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (**d)** Exempt Code section (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity (b)
Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **(a)** Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization (1) LU 640 BUILDING ASSOCIATION Part II 8 ଫ୍ର 8 €, ପ

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Schedule R (Form 990) 2011 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to 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) (c) (d) (d) (e) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	(k) . Percentage ownership
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
(1)							<u> </u>			
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6										
77				-						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
(3)										
1 1 1 1 1										
			_							
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answard because it had one or more related organizations treated as a corporation or trust during the tax year.	lizations Tore relat		as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, insations treated as a corporation or trust during the tax year.)	rust (Complete	of the organizations of the	ation answer tax year.)	ed 'Yes' to Fo	rm 990, Pa	rt IV,
(a) Name, address, and EIN of related organization	a) N of related organiz	ation	(b) Primary activity	Legal domicile (state or foreign	Legal domicile Direct Type of entity (Coopt, Scorp,	Type of entity (C corp, S corp, or frust)	Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
£				/(m. 500)	TNTERNATI	(App. 1)				
 		 			ONAL				_	
LU 640 BLDG. ASSN					BROTHERHO OD OF					
(2) PHOENIX, AZ 85014			BUILDING		ELECTRICA					
86_0214528			RENTAL	AZ	ı	C CORP		0.	0.	100.00
		; 						-		
(3)										
			.							
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86-0055726

Raitive Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note: Complete mile in any chility is instead in any of the following transportant with one or more related expansional including Barte II 1/2	II ataol ai botal ago.	2//2		C	2
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a necessition (1) interest (11) annumes (11) toyannes of (17) term from a commoned entity			-	1	۱
b Gift, grant, or capital contribution to related organization(s) .			1 b	-	×
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan quarantees to or for related organization(s)			ר		×
				\dagger	: ;
e Loans or loan guarantees by related organization(s)			a		×
f Sale of assets to related organization(s)			1		×
a Purchase of assets from related organization(s)			10	-	×
h Exchange of assets with related organization(s)			=		×
i Lease of facilities, equipment, or other assets to related organization(s)			=		×
				:	1
J Lease of facilities, equipment, or other assets from related organization(s) - Performance of services or membership or findenesing colonistical for related accounting(s)				×	>
I Performance of services or membership or fundasing solicitations by related organization(s)			= =		٩×
The state of facilities occurred to mailtee lich or other accept with related accounting occurred of					' >
in Sharing of paid employees with related organization(s)					⁴∖
i originity of paid employees with related organization(s)					١
 Reimbursement paid to related organization(s) for expenses 			10		×
p Reimbursement paid by related organization(s) for expenses			1p		×
					İ
q Other transfer of cash or property to related organization(s)			19	_	×
r Other transfer of cash or property from related organization(s)			11		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	g covered relationship	s and transaction three	splods		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determinin amount involved	1) determi involve	وا
(1) LU 640 BUILDING ASSOCIATION	ט	31,855.	AMOUNT	PAID	
(2)					
(E)					
(4)					
(9)					
9					
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Parivid Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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

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Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income	Are all partners		Share of total income	Share of end-of-year	Dispropor- tionate	oor- Code	Code V-UBI	Gen		Percentage ownership
		couling)	lated, excluded from tax under	organizat	ons?	_	dssets	allocations	10 02 VIIIS	K-1 Form (1065)	E E		
			section 512-514)	Yes	S.			Yes	2	(2001)	Yes	Ŷ	
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Schedule R	(Form 990) 2011 Supplemental Information	Page 5
	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
 _	(See instructions).	
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Schedule R (Form 990) 2011

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640

86-0055726

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
<u>-</u>	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	FUNDRAISING
AUTOMOBILE	53,452.			
COMMITTEE COSTS	7,562.			
DELEGATE EXPENSE	58,439.			
DUES	15,124.			
EQUIP RENTAL, REPAIRS & MAINT.	27,311.			
JŪRY DUTY	1,806.			
JW UPGRADE CLASSES	6,494.			
MEMBER DONATIONS	4,843.			
MISC DOANATIONS	85,076.			
MISCELLANEOUS	23,954.			
ORGANIZING EXPENS	3,848.			
PER CAPITA TAXES - OTHER	27,235.			
PICNIC FUND	12,542.			ļ
POSTAGE AND SHIPPING	6,900.			
REFUNDS	4,887.			
TELEPHONE	27,987.			
TUITION REIMBURSEMENT	59,945.			
TOTAL	\$ 427,405.	\$ 0.	\$ 0.	\$ 0.
-				======================================

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -75,092.

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of t	he Treasury e Service	► File a se	parate appli	cation for each return.			
If you are	re filing for an	Automatic 3-Month Extension, cor	nplete only	Part I and check this box			► X
•	•	•		n, complete only Part II (on page 2 of the	s for	m).	
Do not com	plete Part II ur	nless you have already been grante	ed an autom	atic 3-month extension on a previously f	iled	Form 8868	
corporation request an Associated	required to file extension of tir With Certain Po	Form 990-T), or an additional (no ne to file any of the forms listed in	t automatic) Part I or Pa lust be sent	d a 3-month automatic extension of time 3-month extension of time You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instruction of the IRS in paper format (see instruction) and the second of the IRS in paper format (see instruction) and the second of the IRS in paper format (see instruction) and the second of the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instruction) and the IRS in paper format (see instructio	ctror	nically file Form ation Return fo	n 8868 to or Transfers
Partill A	utomatic 3-	Month Extension of Time.	Only subm	nit original (no copies needed).			
				-month extension — check this box and	comp	olete Part I only	, •
All other co income tax		luding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to reques			
	Name of exempt	organization or other filer, see instructions		Enter filer's identi		number, see i	
Type or		_			Emp	noyer identification i	Juliloer (Eliv) or
print		IONAL BROTHERHOOD OF I	ELECTRIC	ZAL		86-005572	6
File by the		and room or suite number. If a P.O. box, see i	nstructions		╬	Social security nun	
due date for filing your return See	5808 N	7TH STREET			\Box	-	. ,
instructions		it office, state, and ZIP code. For a foreign add	ress, see instru	ctions			
	PHOENIX,	AZ 85014					
Application Is For		the return that this application is fo	Return Code	Application for each return) Application Is For			Return Code
Form 990			01	Form 990-T (corporation)			07
Form 990-B			02	Form 1041-A			08
Form 990-E			01	Form 4720			09
Form 990-F	PF		04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other that	an above)	06	Form 8870			12
Telephon If the or If this is check the external in requirements of the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the external in the exte	re No - 602 reganization does for a Group Renis box resion is for est an automat 2/15 xtension is for calendar year tax year begin	s not have an office or place of bue turn, enter the organization's four. If it is for part of the group, office 3-month (6 months for a corporation, 20 13 , to file the exempt organization's return for r 20 or or , 20 11 , 20 11	digit Group check this be ation require ganization re	e United States, check this box Exemption Number (GEN) If ox and attach a list with the na ed to file Form 990-T) extension of time eturn for the organization named above og 6/30, 20, 12	mes 	and EINs of all	
Cr	nange in accou	ed in line 1 is for less than 12 moninting period			al re	turn	

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

nonrefundable credits See instructions

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