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## Form 990-EZ Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 900. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

and ending For the 2012 calendar year, or tax year beginning R Check if applicable C Name of organization D Employer identification number IBEW LOCAL 51/NECA SAFETY CLOTHING AND Address change EDUCATION FUND 20-0793718 Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return 301 EAST SPRUCE ST. (217)544-8481Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return SPRINGFIELD 62703 Application pending Number > Accounting Method: X Cash Other (specify) H Check X if the organization is not required to attach Schedule B Website: ► N/A 527 Tax-exempt status (check only one) - [ (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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, 104,459. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I  $\mathbf{x}$ Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 104,459. 3 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events 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 Gross profit or (loss) from sales of inventory (Subtract line-76-ffom line 7c Other revenue (describe in Schedule 0) 8 104,459 9 Salaries, other compensation, and employee benefits

Professional fees and other payments to incompensation. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 9 10 10 11 11 12 12 4,200. 13 13 14 14 15 Printing, publications, postage, and shipping 15 62,311. SEE SCHEDULE O Other expenses (describe in Schedule O) 16 16 66,511. 17 17 Total expenses Add lines 10 through 16 37,948. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 94,026. (must agree with end-of-year figure reported on prior year's return) 19 20 0. Other changes in net assets or fund balances (explain in Schedule O) 20 131 21 Net assets or fund balances at end of year. Combine lines 18 through 20

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

Form 990-EZ (2012)

IBEW LOCAL 51/NECA SAFETY CLOTHING AND

| For           | rm 990-EZ (2012) EDUCATION FUND   |                                   |  | 20-              | 07937                       | 18_          | Page 2        |  |  |
|---------------|---|-----------------------------------|--|------------------|-----------------------------|--------------|---------------|--|--|
| P             | Part II Balance Sheets (see the instructions for Part I                                       | •                                 |  |                  |                             |              |               |  |  |
|               | Check if the organization used Schedule O to  | respond to any que                |  | _                |                             |              |               |  |  |
|               | '   |                                   | (A) Beginning of year                            | ļ.,              |                             | nd of year   |               |  |  |
| 22            | ,   |                                   | 94,026   |                  |                             | 131,9        | 974.          |  |  |
| 23            |   |                                   |  | 23               |                             |              |               |  |  |
| 24<br>25      |   |                                   | 94,026   | 24               |                             | 121 (        | 074           |  |  |
| 26            |   |                                   | 94,026   | $\neg$           |                             | 131,9        | 0.            |  |  |
| 27            |   | 21)                               | 94,026   |                  |                             | 131,9        |               |  |  |
| $\overline{}$ | Part III   Statement of Program Service Accomplishm   | nents (see the insti              | ructions for Part III)                           | -, -,            |                             | penses       | <u> </u>      |  |  |
|               | Check if the organization used Schedule O to I  | respond to any que                | estion in this Part III                          | $\mathbf{x}$     | (Required                   |              |               |  |  |
| Wh            | nat is the organization's primary exempt purpose? SEE SCHEDULE                                | 0                                 |  |                  | 501(c)(3) organization      |              |               |  |  |
|               | scribe the organization's program service accomplishments for each of its three largest progr |                                   | xpenses in a clear and concise                   |                  | 4947(a)(1) for others.      | ) trusts; of | ptional       |  |  |
|               | nner, describe the services provided, the number of persons benefited, and other relevant in  | oformation for each program title |  |                  | 101 0111013.                |              |               |  |  |
| 28            | SEE SCHEDULE O  |                                   | <del></del>                                      |                  |                             |              |               |  |  |
|               |   |                                   |  | }                |                             |              |               |  |  |
|               | (Grants \$ ) If this amount includes foreig   | n grants, check here              |  |                  | 28a                         |              |               |  |  |
| 29            |   | ari grants, check here            |  | <u></u>          | 200                         |              |               |  |  |
|               |   |                                   |  | I                | <b>'</b>                    |              |               |  |  |
|               |   |                                   |  |                  |                             |              |               |  |  |
|               | (Grants \$ ) If this amount includes foreig   | n grants, check here              | <b>&gt;</b> _                                    |                  | 29a                         |              |               |  |  |
| 30            |   |                                   |  |                  |                             |              |               |  |  |
|               |   |                                   | <del></del>                                      |                  |                             |              |               |  |  |
|               | 70  |                                   |  |                  |                             |              |               |  |  |
| 94            | (Grants \$ ) If this amount includes foreig   | on grants, check here             |  |                  | 30a                         | <del></del>  |               |  |  |
| 31            | Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign  | an grante chack here              |  |                  | 31a                         |              |               |  |  |
| 32            | Total program service expenses (add lines 28a through 31a)                                    | gri grants, <u>check here</u>     |  |                  | 32                          |              | <del></del>   |  |  |
|               | Part IV List of Officers, Directors, Trustees, and Key  | y Employees List eac              | h one even if not compensated (s                 | see the          |                             | or Part IV)  | -             |  |  |
|               | Check if the organization used Schedule O to  |                                   |  |                  |                             |              |               |  |  |
|               |   | (b) Average hour                  |  | ( <b>d</b> ) Hea | alth benefits,              | (e) Esti     |               |  |  |
|               | (a) Name and title  | per week devoted                  | W-2/1099-MISC)                                   | emplo            | yee benefit<br>and deferred | amount       |               |  |  |
| _             |   | position                          | (if not paid, enter -0-)                         |                  | pensation                   | compen       |               |  |  |
|               | ASON CARL   |                                   |  |                  | 0                           |              |               |  |  |
|               | RUSTEE  | 0.50                              | 0.   |                  | 0.                          | . 0.         |               |  |  |
|               | AMES BATES  | 0.50                              | 0.   |                  | 0.                          | 0.           |               |  |  |
|               | RUSTEE AUL D. MOORE III   | 0.50                              |  | _                |                             |              | <u> </u>      |  |  |
|               | RUSTEE  | 0.50                              | 0.   |                  | 0.                          | 0.           |               |  |  |
|               | ARRAN AYRES   |                                   |  |                  |                             |              |               |  |  |
|               | RUSTEE  | 0.50                              | 0.   |                  | 0.                          |              | _0.           |  |  |
|               |   |                                   |  |                  |                             |              |               |  |  |
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|               |   |                                   |  |                  |                             |              | <del></del> - |  |  |

232172 01-11-13

Form **990-EZ** (2012)

## IBEW LOCAL 51/NECA SAFETY CLOTHING AND

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

20-0793718

Page 3

EDUCATION FUND

Part V

232173 01-11-13

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V  $\mathbf{X}$ Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/A 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Х 0. 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes." complete Schedule L. Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A39b N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 🕨 N/A; section 4955 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? N/A If "Yes," complete Schedule L. Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers N/A or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the N/A organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed > IL Telephone no ▶ 217-544-8481 42a The organization's books are in care of ► JAMES R. BATES ZIP+4 ► 62703 Located at ▶ 301 E. SPRUCE STREET, SPRINGFIELD, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2012)

| Corm 000 F7 /     |  |  | CAL 51               | -           | CA SA              | FET       | Y CL   | OTHI       | NG AN                              | D                                    |                 |  |   |           | ,        |          |
|-------------------|--|--|----------------------|-------------|--------------------|-----------|--|------------|------------------------------------|--------------------------------------|-----------------|--|---|-----------|----------|----------|
| orm 990-EZ (      | (2012) E                               | DUCATI   | CON FUN              | 1D          | ——                 |           |  |            |                                    |                                      |                 | 20-1                                   | <u> </u>                                | 18        | Yes      | Page 4   |
| I6 Did the o      | organization eng                       | jage, directly   | or indirectly, i     | ın politica | al campaıç         | gn activi | ities on be                                      | half of or | ın oppositio                       | on to car                            | ididates for pi | ublic offi                             | ce?                                     |           | 162      | 140      |
|                   | complete Sched                         |  |                      |             |                    | _         |  |            |                                    |                                      |                 |  |   | 46        |          | X        |
| Part VI           | Section 5                              |  | _                    |             | -                  |           |  |            |                                    |                                      |                 |  |   |           |          |          |
|                   | All section 50                         |  |                      |             |                    |           |  |            |                                    | te the ta                            | ables for line  | s 50 ar                                | nd 51                                   |           |          |          |
|                   | Check if the                           | organization   | n used Sche          | dule 0 t    | to respor          | nd to a   | ny quest   | on in thi  | s Part VI                          |                                      |                 |  |   |           | V        | <u> </u> |
| 7 Did the o       | organization eng                       | anga in labbi  | and notivetion o     | or hava a   | contion E          | 01/b) al  | laation in i                                     | ffoot dur  | na tha tay i                       | raar2 If "                           | Vac " aomalat   | n Sah C                                | Bart II                                 | 47        | Yes      | No       |
|                   |  |  |                      |             |                    |           |  |            |                                    | Cai · II                             | ies, compier    | c Juli. U                              | , | 48        |          |          |
|                   | -                                      | nization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E<br>panization make any transfers to an exempt non-charitable related organization? |                      |             |                    |           |  |            | 49a                                |                                      |                 |  |   |           |          |          |
|                   | was the related                        | -  |                      | •           |                    |           | Ü  |            |                                    |                                      |                 |  |   | 49b       |          |          |
| 0 Complete        | e this table for t                     | he organizati  | on's five highe      | est comp    | ensated e          | mploye    | es (other  | than offic | ers, directo                       | rs, truste                           | es and key er   | nployee                                | s) who ea                               | ch red    | eived i  | nore     |
| than \$10         | 0,000 of comp                          | ensation from  | n the organizat      | tion. If th | <u>iere is nor</u> | ne, enter | r "None."  |            |                                    |                                      |                 |  |   |           |          |          |
|                   |  |  |                      |             |                    |           |  |            | (C) Reportable compensation (Forms | (d) Health benefits contributions to |                 |  | ) Estim                                 |           |          |          |
|                   | •                                      |  |                      |             |                    |           |  |            |                                    |                                      | W-2/1099-MISC)  | employee benefit<br>plans, and deferre |   |           |          |          |
|                   |  |  |                      | 1/A_        |                    |           |  |            |                                    | +                                    |                 | comp                                   | ensation                                | +         | <u> </u> |          |
|                   |  |  |                      |             |                    |           | -  |            |                                    |                                      |                 |  |   |           |          |          |
|                   |  |  |                      |             |                    |           | <del>                                     </del> |            | <del>_</del>                       | +                                    |                 |  |   | $\dagger$ |          |          |
|                   |  |  |                      |             |                    |           | 7  |            |                                    |                                      |                 |  |   |           |          |          |
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| f Total aux       | mbar of ather of                       |  |                      |             | <del></del>        |           |  |            |                                    |                                      |                 | <u> </u>                               |   | J         |          |          |
|                   | mber of other ei<br>e this table for t |  |                      |             | nancatad u         | ndanan    | dent contr                                       | actors wh  | n each rece                        | owed mo                              | re than \$100   | nnn of c                               | omnensa                                 | tion fi   | om the   | 1        |
|                   | tion. If there is i                    |  | =                    | 1/A         | /ciisatca ii       | посроп    | uciii 00110                                      | 401010 111 | 10 000111000                       | 31100 1110                           | πο ιπαπ φ του,  | ,000 0, 0                              | , op oou                                |           | J.,, .,, |          |
|                   | nd address of ea                       |  |                      |             | ore than \$        | 100,000   | )  |            | (b) Type                           | of service                           | e               |  | (c) C                                   | ompe      | nsatio   | 1        |
|                   |  |  |                      |             |                    |           |  |            |                                    |                                      |                 |  |   |           |          |          |
|                   |  |  |                      | _           |                    |           |  |            |                                    |                                      |                 |  |   |           |          |          |
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|                   |  |  |                      |             |                    |           |  |            |                                    |                                      |                 |  |   |           |          |          |
| d Total nur       | mber of other in                       | idependent c   | ontractors eac       | ch receiv   | ing over \$        | 100,00    | 0  |            |                                    |                                      | •               |  |   |           |          |          |
| 2 Did the o       | organization cor                       | nplete Sched   | ule A? Note: A       | All sectio  | n 501(c)(          | 3) orgar  | nizations a                                      | nd 4947(   | a)(1) nonex                        | cempt                                |                 |  | _                                       | _         | _        | ,        |
| charitabl         | le trusts must at                      | tach a comp  | leted Schedule       | e A         | na accompa         | nvina sc  | hadulas arī                                      | Statement  | s and to the                       | hest of my                           | / knowledge and | heliet it                              | is true corr                            | Ye        |          | <u>N</u> |
| eclaration of pri | eparer (other than                     | officer) is based  | d on all information | on of whic  | h preparer h       | nas any k | nowledge   |            |                                    |                                      |                 | 1 .1                                   | 7.1.                                    |           |          |          |
| Sign              | Storrature of of                       | nes /  | matter               |             |                    |           |  |            |                                    |                                      |                 | Date                                   |   | 3         |          |          |
| lere              | 111                                    | M F C  | RAT                  |             |                    |           | nu   |            |                                    | ,                                    | MANAG           | ر کے ج                                 | 2                                       |           |          |          |
|                   | Type or print n                        | ame and title  | 15H                  | ES          |                    |           | Dus  | >/ (U)     | <u> </u>                           |                                      | 1 KINFIC        | s E V                                  |   |           | _        |          |
|                   | Print/Type p                           | reparer's nan  | ne                   | Pi          | reparer's s        | signatur  | e  |            | Date                               |                                      | Check           | 7 11                                   | PTIN                                    |           |          | _        |
| Paid              |  | -,   |                      |             | V                  |           | ٨  |            |                                    |                                      | self- emplo     | _                                      |   |           |          |          |
| Preparer          | JASON                                  | D. JON   | 1ES                  |             | Ham                | · O       | Horse  | <b>'</b>   | 03/2                               | 8/13                                 |                 | 1                                      | P010                                    | 25        | 214      |          |
| Jse Only          | Firm's name                            |  |                      | CK &        | BRAE               | ECKE      | LLL  | P          |                                    |                                      | Firm's EIN      | ▶ 4                                    |   |           |          |          |
|                   | Firm's addre                           | ss <b>▶</b> 100  | 00 MYER              |             | UILDI              | ING       |  |            |                                    |                                      | Phone no        |  | 17-78                                   |           |          | 0        |
|                   |  | SPF  | RINGFIE              | ELD,        | IL 6               | 270       | 1  |            |                                    |                                      |                 |  |   |           |          |          |
| lay the IRS d     | iscuss this retui                      | rn with the pr   | eparer shown         | above?      | See instru         | uctions   |  |            |                                    |                                      |                 |  | <b>▶</b> [3                             | <u>Y</u>  | s        | N        |
|                   |  |  |                      |             |                    |           |  |            |                                    |                                      |                 |  | F                                       | orm 9     | 90-EZ    | (201)    |

## **SCHEDULE 0**

(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.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

IBEW LOCAL 51/NECA SAFETY CLOTHING AND EDUCATION FUND

**Employer identification number** 20-0793718

| DESCRIPTION OF OTHER EXPENSES:  | AMOUNT:    |
|---|------------|
| SUPPLIES  | 62,296.    |
| OTHER FEES  | 15.        |
| TOTAL TO FORM 990-EZ, LINE 16   | 62,311.    |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE SAFETY  | Y CLOTHING |
| AND EDUCATION FOR ELECTRICAL WORKERS  |            |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENT  | rs:        |
| TO PROVIDE THE NECESSARY SAFETY CLOTHING, CONSTRUCTION  EQUIPMENT, QUALIFIED INSTRUCTORS, BOOKS, MODELS AND SITES |            |
| WHERE INSTRUCTION AND PRACTICE ON THE AFORESAID EQUIPMENT   |            |
| CAN BE AVAILABLE TO ELIGIBLE PERSONS.   |            |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CO  | ONTRACTS:  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS,   | DIRECTLY,  |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT   | •          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS,   | DIRECTLY,  |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.  |            |
|   |            |
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