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Form **990**

Return of Organization Exempt From Income Tax

k lung

20**12**

Open to Public

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

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

A	For the	2012 cal	endar year, or tax year beginning , and endir	ng						
В	Check if a	applicable	C Name of organization IBEW LOCAL 1523		identification nu	mber				
\Box	Address o	change	Doing Business As	48-0731273						
二	Name cha	-	Number and street (or PO box if mail is not delivered to street address) Room/suite		E Telephone number					
=	nitial retu		· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						
=			1330 E FIRST ST 102	(316) 267-8	/41					
=	Terminate		City, town or post office, state, and ZIP code			_				
Ľ,	Amended	retum	WICHITA KS 67214	G Gross rece	eipts \$		29,024			
\sqcup	Application	on pending	F Name and address of principal officer H(a	a) Is this a group retu	rn for affiliates?	XYes	No			
	BEN ROLOFF 1330 E FIRST ST, WICHITA, KS 67214 H(b) Are all affiliates included? X Yes No.									
1 1	Tax-exempt status 501(c)(3) X 501(c) (5) ◀ (Insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions)									
	Vehsite	e: ► N/A		c) Group exemption n	umber ► 0064	1				
_		rganization	X Corporation Trust Association Other ▶ L Year of t	formation 1967	M State of leg	al domicile	KS			
E	art I		mmary							
	1	-	•	al Union 1523 sl	hall have					
			on over all utility work when performed by employees of City of Coffeyville,							
nçe L		Westar,	and Sedgwick County Electric Cooperative Association, Inc. The union was of	organized						
Ē		to prom	ote by all proper means the material and intellectual welfare of its members							
Activities & Governance	2	Check t	nis box I if the organization discontinued its operations or disposed of r	more than 25% o	of its net asse	ts				
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3		10			
es (4		of independent voting members of the governing body (Part VI, line 1b)		4		10			
ξ	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		5		10			
Act	6		mber of volunteers (estimate if necessary)		6		0			
_	7a		related business revenue from Part VIII, column (C), line 12		7a		0			
	b		elated business taxable income from Form 990-T, line 34		7b		0			
	1 -	1101 01111	added business taxable interior with term of a 1, into 5 1	Prior Year		urrent Year				
	8	Contribi	utions and grants (Part VIII, line 1h)		0		0			
Revenue	9		n service revenue (Part VIII, line 2g)	304	1,989	3	28,792			
ě	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,054					
8	11		evenue (Part VIII, column (A), lines 5, 4, and 70)		0					
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	306	3,043					
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	300	0		0			
	14		paid to or for members (Part IX, column (A), line 4							
	1		other compensation, employee benefits (Part 12, Column (A), lines 5–10)	206	5,630	 				
ses	15			200	0					
Expenses	16a		onal fundraising fees (Part IX, column (A), lifte 11e)							
ă	b az	Other	ndraising expenses (Part IX, celumn (D) line 25) A 0 0 common (A), lines 116, 16, 24e	446	3,923	122 600				
	17	Total av	panage Add lines 13, 17 (must actual Defall) actume (A) slibs 35		0,553		28,606			
	18	Daviani	penses Add lines 13–17 (must edual Partix, column (A) the 25)		1,510		6.040			
- 4	19	Revenu	e less expenses Subtract line 18 from line 12	eginning of Current		End of Year	<u>-6,040</u>			
8 8 9	20	Total as	and (Part V Ivan 16)		5,406		55,986			
Rats	20		5015 (1 51171, 11175 10)		' 					
Net Assets or	21		bilities (Part X, line 26) .		5,184 1,222		10,804			
			ets or fund balances Subtract line 21 from line 20	15	1,222		45,182			
	art II		nature Block y, I declare that I have examined this return, including accompanying schedules and statements, and	d to the best of my kn	lowledge					
			ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre							
		T V	Ben A PLM	1 4	1-1-13					
Sig		│	Signature of officer	Date	, , , , ,					
He	re		Ben A Roloff BM/FS	54.0						
		, L	Type or print name and title							
_	 -	Prin	t/Type preparer's name Preparer's signature	Date		PTIN				
Pa	id	' '"	1711		heck X if					
		Ric	hard L Morrow CPA	JUIJUIJ S	elf-employed	20054456	9			
	epare	r	n's name ► Morrow & Co LLC	Firm's EIN ▶	48-1142797					
US	e Oni	, –	o's address ► 421 E 3rd St N, Wichita, KS 67202		316 263 222	3				
				Phone no						
Ма	y the If	KS discus	ss this return with the preparer shown above? (see instructions)		L	X Yes	<u></u> No			

Form 9	90 (2012) IBEW LOCAL 1523	48-0731273	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	The Local Union 1523 shall have jurisdiction over all utility work when performed by		
	employees of City of Coffeyville, Westar, and Sedgwick County Electric Cooperative		
	Association, Inc The union was organized to promote by all proper means the material and		
	intellectual welfare of its members		
2	Did the organization undertake any significant program services during the year which were not listed on	_	
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to others,	
	the total expenses, and revenue, if any, for each program service reported		
		 -	
4a	(Code) (Expenses \$ 89,647 including grants of \$) (Revenue	ue \$328	,792)
	The Local Union 1523 shall have jurisdiction over all utility work when performed by employees of		
	City of Coffeyville, Westar, and Sedgwick County Electric Cooperative Association, Inc The		
	union was organized to promote by all proper means the material and intellectual welfare of its		
	members		
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
	(Cont /(=,p=,p=,p=,p=,p=,p=,p=,p=,p=,p=,p=,p=,p=		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 89,647		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3	·	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
J	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		Х
c		۲		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		J
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ـ		
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l		
	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	l		l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable		·	ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	L
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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.	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	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)	17	<u>L</u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	_	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		
b	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	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	Ţ.		
	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	İ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١.,
	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,	04		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	33	ļ	
22	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	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, Part II,	133		 ^
34	III, or IV, and Part V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1 333		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	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		1	1
	VI	37	ĺ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2012)

IBEW LOCAL 1523

Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2012) Part V

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (]		}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable			
	gaming (gambling) winnings to prize winners?		1c	Х	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 10	ງ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial			
	account)? .		4a	L	X
b	If "Yes," enter the name of the foreign country				1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia	al Accounts			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
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 as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or			
	gifts were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods	1		
	and services provided to the payor?		7a		₩
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	l_		
_	required to file Form 8282?	1 = . 1	7c		├
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f	 -	 -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	ļ	┼
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ig	8		·
0	organization, have excess business holdings at any time during the year?		⊢ °	 	 -
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	\vdash	+-
10	Section 501(c)(7) organizations. Enter		35	 	+-
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┨ -	1	1
11	Section 501(c)(12) organizations. Enter.		-	İ	
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				ļ
_	against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		1
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which				1
•	the organization is licensed to issue qualified health plans	13b		1	1
С	Enter the amount of reserves on hand	13c	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	ule O	14b		

Part VI

IBEW LOCAL 1523

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.

Secti	ion 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	1a 1	익					
	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				ļ			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	긱					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with						
	any other officer, director, trustee, or key employee?		2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under							
	supervision of officers, directors, or trustees, or key employees to a management company or other		4		X			
4								
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5	V	X			
6	Did the organization have members or stockholders?		6	Х				
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?		7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,	7.					
_	stockholders, or persons other than the governing body?	n dumm	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during						
•	the year by the following The governing body?		8a	X				
a b	The governing body?. Each committee with authority to act on behalf of the governing body?		8b	x	\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	100	-^-	 			
3								
Sact	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	9 Code)	<u> </u>			
Ject	ion B. Foncies (This Section B requests information about policies not required by the	micinal revenae	0000	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
	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 pu		10b		<u> </u>			
11a	and the second s							
b								
12a			12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			1			
	describe in Schedule O how this was done		12c		<u> </u>			
13	Did the organization have a written whistleblower policy?	ē	13	<u> </u>	X			
14	Did the organization have a written document retention and destruction policy?	•	14		X			
15	Did the process for determining compensation of the following persons include a review and appro							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	+	X			
b	Other officers or key employees of the organization		15b	 	X			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	roment						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a tayable patity during the year?	gement	16a	i	X			
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the example of the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the organization to evaluate the procedure requiring the requiring the procedure requiring the procedure requiring the requiring the procedure requiring the requiring the requiring the requiring the requiring the requir	iate its	100	 	 ^ 			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
	the organization's exempt status with respect to such arrangements?	gaala	16b					
Sect	tion C. Disclosure		1.00	<u></u>	1			
17	List the states with which a copy of this Form 990 is required to be filed				<u> </u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)	3)s on	y)				
_	available for public inspection. Indicate how you made these available. Check all that apply	, (-)	•					
		xplaın ın Schedule C)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents							
	policy, and financial statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books							
	organization ► IBEW Local 1523	(316) 267-	8741					
	1330 E First St, Wichita, KS 67214							

Form 990 (2012)	IBEW LOCAL 1523									48-07312	73 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	еу	Em	plo	yees	s, H	ighest Comp	ensated	
	Employees, and Independent C						_				
	Check if Schedule O contains a re	<u> </u>									· <u> </u>
Section A.	Officers, Directors, Trustees, Key Er	nployees, and I	Highe	est (Com	pe	nsate	d E	mployees		
	his table for all persons required to be l	sted Report cor	mpen	satı	on f	or th	ne cal	end	ar year ending v	vith or within the	
organization's											
	of the organization's current officers, di						uals o	or o	rganizations), re	gardless of amo	unt
	on Enter -0- in columns (D), (E), and (F								- £ 101 1	- 0	
 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) 											
	reportable compensation (Box 5 of Forr										yee,
	nd any related organizations						•	,			
List all controls	of the organization's former officers, ke	y employees, an	d hig	hes	t cor	mpe	ensate	ed e	mployees who re	eceived more the	an
	eportable compensation from the organi										
 List all c 	of the organization's former directors of	r trustees that	receiv	∕ed,	ın tl	he c	арас	ıty a	is a former direc	tor or trustee of	the
organization, r	more than \$10,000 of reportable compe	nsation from the	orga	nıza	atıor	n an	d any	rel	ated organizatio	ns	
	n the following order individual trustees	or directors, ins	titutio	nal	trus	tee	s, offic	cers	, key employees	s, highest	
compensated	employees, and former such persons										
Check the	s box if neither the organization nor any	related organiz	ation	con	nper	nsat	ed ar	у с	urrent officer, dir	ector, or trustee	
	-				(0	;)				-	
	(4)	(2)			Posi		46		(0)	(E)	(E)
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any					or/truste		compensation from	compensation from related	amount of other
		hours for	Individual trustee or director	nstit	Officer	Key	ligh:	Former	the	organizations	compensation
		related organizations	īdua Tecto	ĕ	୯	emp	est c	Ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	٦ <u>۽</u>	nal ti		employee	omp e		,		and related
		line)	stee	Institutional trustee		e	Highest compensated employee				organizations
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PRESIDENT	ELL WHITLEY	0 00	1		x				1,975		
(7) DARRICK WILSON 100											
	VICE PRESIDENT 0 00 X 0										
	CRUZ-DODD	1 00	_				 		<u> </u>		
TREASURER		0 00	1		Х				o		
(9) CARLY		1 00									
RECORDING	SECRETARY	0 00		<u>L</u> _	X				0		

40 00 0 00

(10) BEN ROLOFF
FINANCIAL SECRETARY & BUSINESS MGR

(12)

(13)

(14)

117,981

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No	Р	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (A) (B) (C) Compensation 0 0 1 Total number of independent contractors (including but not limited to those listed above) who received		reportable compensation from the organization	<u> </u>			1		···			V			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation 0 0 10 10 10 10 11 12 13 14 15 15 15 16 17 16 17 17 18 18 18 18 18 18 18 18	•	Did the exception list and former officers during									!		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received	3	employee on line 132 If "Ves " complete School	ector, or trustee,	key e	mpl	oye	e, o	r higi	nest	compensated		_		
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received	4											3		
Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation 0 0 0 0 10 10 10 10 10 10 1	~										-		i	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received			ater triair \$100,00		70	J, (COII	ipiete		nedule 5 for Suci	,	4		×
for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received	5	Did any person listed on line 1a receive or accr	ue compensatio	n fron	n ar	W D	nrel	ated	ora	anization or indiv	udual			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received		for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	suc	h per	son	unization of mare	iddai	5		X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received	Sec	tion B. Independent Contractors												
year (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received	1	Complete this table for your five highest compe	nsated independ	dent c	ont	ract	ors	that r	ece	eived more than \$	100,000 of			
(A) (B) (C) Compensation Name and business address Description of services O O O Total number of independent contractors (including but not limited to those listed above) who received			mpensation for t	he ca	len	dar	yea	r end	ıng	with or within the	e organization's f	ax		
Name and business address Description of services O O Total number of independent contractors (including but not limited to those listed above) who received								1						
2 Total number of independent contractors (including but not limited to those listed above) who received			ress								ucas C			
2 Total number of independent contractors (including but not limited to those listed above) who received										Description of serv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ompen	- auon	_
2 Total number of independent contractors (including but not limited to those listed above) who received												 -		
2 Total number of independent contractors (including but not limited to those listed above) who received			*							 				
2 Total number of independent contractors (including but not limited to those listed above) who received														0
		T												0
	2				thos	se li	stec		ve)	who received				ļ

Point 990 (2012)	IBEVV LOCAL 1523	48-0/312/3 Pa	ıge
Part VIII	Statement of Revenue		_

		Check if Schedule O contains	a response to	any o	question in this	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 a	1a	Federated campaigns	18	a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11	b	0				
اغ يُ	С	Fundraising events	10	С	0				
ar A	d	Related organizations	10	d	0				
imil	е	Government grants (contribution	s) 10	е	0				
tion S r	f	All other contributions, gifts, gran	its, and						
ig ig		similar amounts not included abo	ove 1	f	0				}
ig of	g	Noncash contributions included in I	nes 1a-1f: \$	\$	0				
၁ ဧ	h	Total. Add lines 1a-1f			>	0			
Je l			· · · · · ·	В	usiness Code				
len	2a	Membership Dues & Assessmen	ts	90	0099	328,792	328,792		
Ş.	b					0			
ice	С					0			
Š	d					0			
Ĕ	е					0			
Program Service Revenue	f	All other program service revenu				0			
P.	g	Total. Add lines 2a-2f			. ▶	328,792		,	
	3	Investment income (including div	ridends, interes	st, and	d				
		other similar amounts) .			232			232	
	4	Income from investment of tax-e	xempt bond pro	oceed	ds ▶ [0			
	5	Royalties			>	0			
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			▶	0			
	7a	Gross amount from sales of	(ı) Securities		(II) Other				!
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss)		<u> </u>	0				
	d	Net gain or (loss)		_	>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18		2	o				
ğ	h	Less direct expenses		a b	0	!			
ŏ	C	Net income or (loss) from fundra	_	~	D				
		Gross income from gaming activ	_		- 1				
	-	See Part IV, line 19		a	ol				
	ь	Less direct expenses		<u>Б</u>	0				
		Net income or (loss) from gamin	-	- I	•				
		Gross sales of inventory, less	3						- "
		returns and allowances		a	o				
	b	Less cost of goods sold		Б	0				
		Net income or (loss) from sales	_	<u>-</u> ــــ	D	0			
	Ť	Miscellaneous Revenue	or inventory	В	usiness Code		-		
	11a			一	-				·
	b			 		0			1
	C			\vdash		0			
	d	All other revenue		-		0			1
	e	Total. Add lines 11a–11d		_		0			
	12	Total revenue. See instructions			▶	329,024	328,792	(232

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)	

	Check if Schedule O contains a response to any o	question in this Part	X .		
	not include amounts reported on lines 6b, 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	ol			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22.	اه			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	l ol			!
4	Benefits paid to or for members	0	 -		· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	175,061		175,061	
6	Compensation not included above, to disqualified		··	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				, • , ,
	section 401(k) and 403(b) employer contributions)	l ol			
9	Other employee benefits	10,714		10,714	
10	Payroll taxes	20,683		20,683	
11	Fees for services (non-employees)				
а	Management	l ol			
b	Legal .	0			
С	Accounting	4,326		4,326	
d	Lobbying	0	·		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	7,772	7,772		
12	Advertising and promotion	0	,		
13	Office expenses	2,085		2,085	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	5,580		5,580	
17	Travel	0		, , , ,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,212	2,212		
20	Interest	0			
21	Payments to affiliates	237		237	·
22	Depreciation, depletion, and amortization	4,318	0	4,318	0
23	Insurance .	4,717		4,717	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		ļ		
	(A) amount, list line 24e expenses on Schedule O)				
а	Per Capita Tax	79,663	79,663		
þ	Auto Expense & Mileage Reimbursement	5,219		5,219	
C	Telephone	3,970		3,970	
ď	Service Charges	238		238	
е 25	All other expenses	8,269		8,269	
25	Total functional expenses. Add lines 1 through 24e	335,064	89,647	245,417	0
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				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	_	Check if Schedule O contains a response to	any question in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing	<u> </u>	81,398	1	85,008
	2	Savings and temporary cash investments		63,886	2	64,096
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for	ormer officers, directors,			·
		trustees, key employees, and highest compensation	ated employees			
		Complete Part II of Schedule L	Ĺ		5	
	6	Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary e				
ets		organizations (see instructions). Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net	0	7	0	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 26,164			
	b	Less accumulated depreciation	10b 19,543	10,745	10c	6,621
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments-program-related See Part IV, line	e 11	0	13	0
	14	Intangible assets	[0	14	0
	15	Other assets See Part IV, line 11	377	15	261	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	156,406	16	155,986
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former				
Liabilities		trustees, key employees, highest compensated				
abi		disqualified persons Complete Part II of Sched		22		
<u> </u>	23	Secured mortgages and notes payable to unrel-	ated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third parties .	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete			
		Part X of Schedule D		5,184	25	10,804
	26	Total liabilities. Add lines 17 through 25		5,184	26	10,804
		Organizations that follow SFAS 117 (ASC 95)	B), check here ▶ 💢 and			
Ses		complete lines 27 through 29, and lines 33 a	nd 34.			
aŭ	27	Unrestricted net assets	-	151,222	27	145,182
Bal	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	
בֿ		Organizations that do not follow SFAS 117 (ASC958),	check here			
<u>ا</u>		complete lines 30 through 34.	Check here			
Net Assets or Fund Balances	20					
sse	30	Capital stock or trust principal, or current funds			30	
Ă	31	Paid-in or capital surplus, or land, building, or e	· ·		31	
Net	32	Retained earnings, endowment, accumulated in	icome, or other tunds	151 000	32	445 400
_	33	Total helphities and not assets/fund helphies	}	151,222	33	145,182
	34	Total liabilities and net assets/fund balances	<u></u>	156,406	34	155,986

Form 9	990 (2012) IBEW LOCAL 1523	48-	0731273	Pag	_{je} 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		329	9,024
2	Total expenses (must equal Part IX, column (A), line 25)	2		335	5,064
3	Revenue less expenses Subtract line 2 from line 1	3		-6	3,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		151	,222
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		145	5,182
Part					_
	Check if Schedule O contains a response to any question in this Part XII				Щ_
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	l			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047
2012

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

IBEW LOCAL 1523

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete

Part	the organization answered "Yes" t			inus of Accounts. Complete ii
	the organization answered fes t	(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year	****		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing tha	t the assets held in	donor advised
	funds are the organization's property, subject			
6	Did the organization inform all grantees, done			
	used only for charitable purposes and not for			
	purpose conferring impermissible private ben			Yes No
Part	Conservation Easements. Comp	olete if the organization	answered "Yes'	to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held to	by the organization (check	<u>all t</u> hat apply)	
	Preservation of land for public use (e g , recr			of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organizat	ion held a qualified conse	rvation contribution	n in the form of a conservation
_	easement on the last day of the tax year	aon neid a quaimed consc	a valion contribution	, at the form of a control value.
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease	ements		2b
c	Number of conservation easements on a cer		luded in (a)	2c
d	Number of conservation easements included			
	historic structure listed in the National Regist			2d
3	Number of conservation easements modified		dinguished, or term	ninated by the organization
-	during the tax year ►	•	-	-
4	Number of states where property subject to o	conservation easement is	located ►	
5	Does the organization have a written policy r			handling of
	violations, and enforcement of the conservat			Yes No
6	Staff and volunteer hours devoted to monitor		cing conservation e	easements during the year
	•			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing	conservation ease	ments during the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy	the requirements of	[]
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, the		organization's fina	ancial statements that describes
	the organization's accounting for conservation			imilar Acada
Par	Organizations Maintaining Collection Complete if the organization answered			imiiar Assets.
		<u> </u>		avenue statement and belence sheet
1a	If the organization elected, as permitted und			
	works of art, historical treasures, or other sin			
L	of public service, provide, in Part XIII, the tex			
b	If the organization elected, as permitted und- works of art, historical treasures, or other sin			
				ion, or research in further affice
	of public service, provide the following amou (i) Revenues included in Form 990, Part VII			▶ \$
	(ii) Assets included in Form 990, Part X	i, iiii c i		▶ \$
2	If the organization received or held works of	art historical treasures o	r other similar asse	
2	following amounts required to be reported ur			
2	Revenues included in Form 990, Part VIII, lii			▶ \$
a b	Assets included in Form 990, Part X			> \$
	, incere il iniciano anno el litto e est il entro			·

Part VI	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land		o	0		0					
b Buildii	ngs	0	0	0	0					
c Lease	ehold improvements	0	0	0	0					
d Equip	ment .	0	4,673	4,692	174					
e Other		0	21,491	15,044	6,447					
Total. Add li	nes 1a through 1e (Column (d) r	nust equal Form 990, Part X,	column (B), line 10(c))	>	6,621					

Schedule D (Form 990) 2012 IBEW LOCAL 1523 Part VII Investments—Other Securities	Soc Form 000 Dart V line		age
(a) Description of security or category (including name of security)	(b) Book value	12. (c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	0		
(2) Closely-held equity interests (3) Other	0		
(A)			
(B) (C)			
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)	***	74 74 WELL	
(F)			
(G)			
(H)			
(I) Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related	<u></u>	113	
(a) Description of investment type		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990, P	——————————————————————————————————————	(h) Particulus	
(a)	Description	(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)		-	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15)	>	
Part X Other Liabilities. See Form 990	, Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2) Payroll Liabilities	10,804		
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	40.004		
Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the	10,804	I statements that reports the assessments liability	

Oched	IBEVY LOCAL 1323			40-0/312/	3 Page 4
Paŗ	Reconciliation of Revenue per Audited Financial Statement	nts Wi	th Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	•		
С	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIII)	2d	<u></u>		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b].]	
С	Add lines 4a and 4b .			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	5	0
Par	Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses p	er Return	 I
1	Total expenses and losses per audited financial statements		•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	0
Par	t XIII Supplemental Information				
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also ional information				nd 2b,
-					

Schedule D (Form		IBEW LOCAL 15	23			48-0731273	Page 5
Part XIII	Supplen	nental Informa	ation (continue	ed)			
•							
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			· · · · · · · · · · · · · · · · · · ·		 		
					 	·	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

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. Department of the Treasury Internal Revenue Service

Inspection

Name of the organization	Employer Identification number
IBEW LOCAL 1523	48-0731273
Form 990 Part VI Section B Line 11 The 990 is reviewed by the business manager/financial	
secretary and copies are available for the officers and the executive board	
Form 000 Port \// Contrar C. Line 10 Colored documents are evalable upon request at the	
Form 990 Part VI Section C Line 19 Selected documents are available upon request at the	
Union's office	
Officing office	
Form 990 Part VI Section A Line 6 The organization has members which are required to pay dues	
Form 990 Part VI Section A Line 7a The governing body is elected by the members	
Form 990 Part VI Section A Line 7b Some decisions, like revision of bylaws, are subject to	
approval by the members	
•••••••••••••••••••••••••••••••••••••••	

Schedule 9 (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
IBEW LOCAL 1523	48-0731273
•	
•••••	
	•••••

Department of the Treasury Internal Revenue Service

(Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

Sequence No 179

Name(s) shown on I IBEW LOCAL 152		Busine 990	ess or activi	ity to which this fo	rm relates			dentifying numb 18-0731273	er					
	tion To Expense C	Certain Prop	erty Und	er Section 17	9									
	: If you have any listed p	-	•											
	ount (see instructions)								1					
	ection 179 property pla	aced in service	(see instri	uctions)					2					
	t of section 179 proper		•	•					3					
4 Reduction in li	mitation Subtract line	3 from line 2 1	f zero or le	ess, enter -0-					4	C				
	n for tax year Subtrac			•	0- If married	filing								
separately, see	-			•		J			5	C				
6	(a) Description of pi	roperty		(b) Cos	t (business use	only)		(c) Elected co	st					
· · · · · · · · · · · · · · · · · · ·	, ,				•	44	7	•						
	······································					"								
7 Listed property	Enter the amount fro	m line 29					7							
	ost of section 179 pro		unts in co	lumn (c), lines 6	and 7	_			8	C				
	iction Enter the small	•		(5),					9					
	isallowed deduction from			Form 4562					10					
•	me limitation. Enter the	•			an zero) or lin	e 5 (see ins	truc	tions)	11					
	cpense deduction Add							,	12					
	isallowed deduction to					▶ 1	13		0					
	Part II or Part III below													
	cial Depreciation				(Do not in	clude liste	ıa b	operty.) (See	instru	uctions.)				
	ciation allowance for q						<u>- F · </u>	<u> </u>						
	year (see instructions)		., (notoc propor	·,, p.a.cc ·				14					
	ect to section 168(f)(1)								15					
	ation (including ACRS)								16					
	CRS Depreciation		ide listed	property) (Se	e instruction	ns.)		· · · · · · · · · · · · · · · · · · ·						
1000		1		ion A										
17 MACRS dedu	ctions for assets place	d in service in			2012				17	4,299				
	ting to group any asse		-			re								
	accounts, check here							▶□						
	Section B - Assets	Placed in Ser	vice Durir	2012 Tay Von	r Heina tha (Caparal Day	nroc	iation System	<u> </u>					
	Section B - Assets		1		li Osing the v	Jeneral De	T	nation System	I					
(a) Classific	ation of property	(b) Month and year placed	1 ''	s for depreciation s/investment use	(d) Recovery	(e) Convention	<u></u>	(f) Method	(a) De	epreciation deduction				
(a) Classific	ation or property	in service	1 '	see instructions)	period	(0, 00, 10, 11, 11, 11, 11, 11, 11, 11, 1		(e) Convention		(e) Convention		(i) Moulou	(9) 50	prediation deduction
19 a 3-year pro	nerty		<u> </u>				\dashv			•				
b 5-year pro				193	5	HY	一十	SL/GDS		19				
c 7-year pro					<u> </u>	 		02000	_					
d 10-year pro						1	寸							
e 15-year pro							寸							
f 20-year pro							寸							
g 25-year pro					25 угѕ			S/L						
h Residentia					27 5 yrs	ММ	\dashv	S/L						
property	F		 		27 5 yrs	MM	┰┼	S/L	 					
i Nonresidei	atial real		1		39 yrs	MM	-+	S/L	 					
	"lai i cai				33 yrs	MM	+	S/L	┼──					
property	Section C - Assets F	Placed in Servi	ico Durine	2012 Tay Voar	Lleina the Al		enr							
20 a Class life	Section C - Assets F	laced III Selvi	T During	J ZUIZ IAX ICAI	Using the Ai	Ternative D	epi	S/L	T T					
					12 yrs	 	_	S/L	 					
b 12-year c 40-year			 		40 yrs	ММ	-	S/L	1					
	nmary (See instruc	tions \			1 40 yrs	IVIIVI		3/L	<u> </u>					
	y Enter amount from								21					
			17 linaa 1	0 and 20 in activ	mn (a) and le	no 21			 - 	-				
	ounts from line 12, line						nn c		9,	1 246				
	d on the appropriate li					ee mstruction T	711S		22	4,318				
	own above and placed		ing the cul	nent year, enter	the portion		,,			1				
or the basis at	tributable to section 20	OSA COSTS ·					23							