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Form **990**

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.



\overline{A}	For the	e 2013 calen	dar year, or tax	year begin	ining	, 20	13, and endin	g	,				
В		applicable	C					D Em	ployer Identi	fication Number			
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	\vdash	ended return							G Gross receipts \$ 2,360,475. group return for subordinates? Yes X No.				
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_			SAME AS C					H(b) Are all subordir If 'No,' attach a	list (see inst	tructions)			
느		exempt status		K 501(c) (5) ▼ (in	sert no.) 4947(a)(1							
<u>J</u>			SEWLOCAL139	1	r			H(c) Group exempted					
K		of organization	X Corporation	Trust	Association	Other •	L Year of formati	on 1944	M State of le	egal domicile IN			
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7	Ь.					903 Hine 24\/= D	 į		7 b	0.			
2014 Activities & Governance	<u> </u>					-NEUEIVED		Prior Ye	ear	Current Year			
		Contributions	s and grants (Pa	art VIII, line	: 1h)		SC						
, S			vice revenue (Pa			AUG 1 4 2014	SO SO SO SO SO SO SO SO SO SO SO SO SO S	2,269	,502.	2,350,067.			
ڇي	10	Investment II	ncome (Part VII	l, column (A), lines 3, 4	, and 7d)	(%)		.,597.	10,408.			
AkeSenue7						, 9c, 10c, and 11e)	그의						
						Rart-Mill, tcolumn-(A), line 12)	2,271	,099.	2,360,475.			
	13	Grants and s	imilar amounts	paid (Part	IX, column (/	A), lines 1-3)							
Ž	14	Benefits paid	to or for memb	ers (Part I	X, column (A), line 4)		606	5,981.	631,267.			
Z.	15	Salaries, oth	er compensatioi	n, employe	e benefits (P	art IX, column (A), lı	nes 5-10)	1,100),934.	1,006,485.			
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		Signatu		~									
Und	ler penalt	ies of perjury, I declaration of prep	leclare that I have example are that office	amined this ref er) is based on	turn, including ac	companying schedules and f which preparer has any kn	statements, and to owledge	the best of my know	ledge and bel	ief, it is true, correct, and			
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US	se On	Firm's addi		POPLAR						-0735385			
			ZIONS		IN 46077			Phone	no 317	. 938 . 0309			
Ma	y the II	RS discuss ti	his return with tl	he prepare	r shown abov	e? (see instructions)				X Yes No			

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

Form 990 (2013)

Form	990 (2013) INTERNATIONAL BROTHERHOOD OF ELECTRICAL	35-0	78242	3	P	age 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III.					
1	Briefly describe the organization's mission:			_		
	BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,	AND BE	NEFIT	<u>s</u> .		
	Did the second state of the property of the pr					
2	Did the organization undertake any significant program services during the year which were not listed on the pr Form 990 or 990-EZ?	IOI		Yes	X	No
	If 'Yes,' describe these new services on Schedule O		L	163	Δ	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	П	Yes	X	No
3	If 'Yes,' describe these changes on Schedule O			.05	1	
4	· · · · · · · · · · · · · · · · · · ·	vices, as r	neasure	d by e	expens	ses
·	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants an	d alloca	tions to)	
	others, the total expenses, and revenue, if any, for each program service reported					
4 a	· · · · · · · · · · · · · · · · · · ·	Revenue)
	BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,	AND BE	NEFIT	<u>s</u>		
	(Code:) (Expenses \$ including grants of \$) (Revenue	<u> </u>			
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40	: (Code:) (Expenses \$ including grants of \$) (i ve veriue	~ —			<u> </u>
	Other program services. (Describe in Schedule O)					
-71	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ►				<u></u>	
BAA				Forn	1 990	(2013)

Page 3

Form 990 (2013) INTERNATIONAL BROTHERHOOD OF ELECTRICAL Partity 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
١	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	11 b		Х
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		144	_	
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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		Х
	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form	n 990 (2013) INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35	5-0782423	Р	age 4
Par	はIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or other assistance to individuals in the United States IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	on Part 22		_ X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	ent 23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	f d 24a		Х
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	e . 24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction of disqualified person during the year? If 'Yes,' complete Schedule L, Part I	with a 25a		
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	nd 25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons if so, complete Schedule L, Part II	?		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	. 27		Х
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)	10 i in 10 i i	4	
ā	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	servation 30		Х
21	Did the example to liquidate terminate or discolve and coase operations? If 'Ves' complete Schedule N. F.	Part / 21		Y

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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

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

Form **990** (2013)

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35a

35b

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Form 990 (2013) INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35-0782423 Page 5 Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 37 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 . 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C7 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 sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a 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 the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

14 a

Part VI A Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 1 a 28 of the governing body, or if the governing body delegated broad W authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7 a 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? X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8 a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

Check this box it flettile the organization in	1		,	(C						
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, un	not e	check	c more t n is bot or/trusted	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee individual trustee or director		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) RICHARD BYRER	_ 20 _									
SECRETARY	0	Х						570.	0.	0.
(2) STEVEN MOORE ASST FIN SEC	- <u>20</u> -	х						427.	0.	0.
(3) BRADLEY COLTER	20									
ASST FIN SEC	0	X						570.	0.	0.
(4) MARK KELLEY	_ 10 _								_	
EXECUTIVE BOARD	0	X						570.	0.	0.
(5) JOSEPH_ROBINSON	_10_	ļ <u>.</u> .							•	•
EXECUTIVE BOARD	0_	X					ļ	333.	0.	0.
_(6) PAUL_HENDRIX	10	ļ							•	•
ASST FIN SEC	0	X					<u> </u>	0.	0.	0.
O JOSEPH FRIEDT EXECUTIVE BOARD	$-\frac{10}{0}$	X						333.	0.	0.
(8) BRENT LEWIS	20		-					333.	0.	<u> </u>
EXECUTIVE BOARD	1-25-	x						570.	0.	0.
(9) KEVIN CRULL	10							370.	<u> </u>	<u> </u>
ASST FIN SEC	10-	x						570.	0.	0.
(10) JUSTIN LIEN	10	<u> </u>						0,70,		
ASST FIN SEC	10-	t x						0.	0.	0.
(11) GARY HENRY	20									· -
EXECŪTĪVE BOARD	10-	X						570.	- 0.	0.
(12) MARK NORTON	10							, i		
ASST FIN SEC	0	<u> </u>						0.	0.	0.
(13) DONALD REDMAN	10		_							
ASST FIN SEC	0	X						0.	0.	0.
(14) CLARENCE SIEVEKING	10_	1								
ASST FIN SEC		X	L_					0.	0.	0.

Part VII Section A. Officers, Directors, Trus							nc	Highest Com	pensated Emp	
	(B)	10,			-) : :)		Ī	g		(0)
(A) Name and title	Average hours per week	box offi	, unle	Pos check ess pond a	sition more erson direct	e than or is both tor/truste	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	for related organiza • tions below dotted line)	or director	nstitutional trustee	cer	/ employee	Highest compensated employee	ner			organization and related organizations
(15) MICHAEL GRIGGS ASST FIN SEC	_ <u>10</u>	х						570.	0.	0.
(16) NICK NEAL ASST FIN SEC	$-\frac{10}{0}$	Х						285.	0.	0.
(17) JAMES ALEXANDER ASST FIN SEC	_ <u>10</u> 0	Х						190.	0.	0.
(18) SCOTT ESTES ASST FIN SEC	_ <u>10</u> 0	Х						0.	0.	0.
(19) JAMES FITZGERALD ASST FIN SEC	_ <u>15</u> _0	Х						285.	0.	0.
(20) DONALD SMALL ASST FIN SEC	_ <u>20</u> 0	Х		i				570.	0.	0.
(21) ZACHARY KOLB ASST FIN SEC	_ <u>15</u> 0	Х						285.	0.	0.
(22) STEVEN PENROSE ASST FIN SEC	_20 _0	Х						0.	0.	0.
ASST FIN SEC	$-\frac{10}{0}$	X						570.	0.	0.
ASST FIN SEC	$-\frac{15}{0}$	x						190.	0.	0.
(25) ROBERT MADDEN TREASURER	_ <u>20</u>			х				570.	0.	0.
1 b Sub-total	•	•			•——	•		8,028.	0.	0.
c Total from continuation sheets to Part VII, Section	ı A					•	۱ -	96,839.	0.	0.
d Total (add lines 1b and 1c)						•	-	104,867.	0.	0.
2 Total number of individuals (including but not limited to from the organization ► 0	those I	sted	abo	ve) v	who	receive	ed	more than \$100,00	0 of reportable comp	ensation

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*.

3 X X 4 X 5 X

- 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

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	(C) Compensation
FILLENWARTH DENNERLINE GROTH & TOWE, LLP 429 E. VERMONT STREET, SUIT	LAW FIRM	122,745
	-	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Par	t VI	II Statement of Rev	enue						
ļ		Check if Schedule O	contains	a respo	onse or note to an	y line in this Part V	III		
*****	-,		, ,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b d	Membership dues 1 Fundraising events . 1 Related organizations . 1		1 a 1 b 1 c 1 d 1 e					
RIBUTIO		All other contributions, gifts, g similar amounts not included Noncash contributions included		1 f	· · · · · · · · · · · · · · · · · · ·				
울	_	Total. Add lines 1a-1f	i iii iiiles ra-	''. Ş_	-				
읣		Total. Add lines 1a-11			Business Code				
PROGRAM SERVICE REVENUE	2 a b c	MEMBERSHIP DUES &	<u>ASSESSM</u> 	ENTS		2,350,067.	nematical to an item to define the state of		2,350,067.
2	e								
SR	f	All other program service	ce revenu	e – –					
옱	g	Total. Add lines 2a-2f		_	•	2,350,067.	1 3 K 2 K 1 4 K	, i i i i i i i i i i i i i i i i i i i	
	3	Investment income (incother similar amounts)	_		▶	10,408.			10,408.
ļ	4	Income from investmen Royalties	t of tax-e	xempt	bona proceeas				
	5	Royallies	(ı) R	eal	(II) Personal			** **	
	6 a	Gross rents						2 5 J	
	b	Less: rental expenses							
	С	Rental income or (loss)							
l	d	Net rental income or (lo		•				We are as a substitution when	AVV.
	7 a	Gross amount from sales of assets other than inventory.	(ı) Secu	rities	(II) Other				
		Less: cost or other basis and sales expenses							
		: Gain or (loss) ! Net gain or (loss)				<u> </u>			*
男		Gross income from fund (not including .\$	draising e	vents					
OTHER REVENUE		of contributions reporte See Part IV, line 18	d on line	1c).	1				
띪	b	Less: direct expenses		b					
0	c	Net income or (loss) fro	om fundra	ısıng e	vents				
		Gross income from gan See Part IV, line 19	ning activ	ities a	1			f .	
		Less: direct expenses	•		<u> </u>	MARCH TO THE STATE OF THE STATE			
		: Net income or (loss) fro	_	-	ities	30 124 120 124	4 × 1		* . * *
		Gross sales of inventor and allowances .		turns a				> 1	
		 Less. cost of goods sole Net income or (loss) from 		of inve	rtory •		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Reven		1	Business Code		335 av		
	11 a				Section 1981				
	C						-		
		l All other revenue • Total. Add lines 11a-11	d	L		. -	n Children		
		Total. Add lines 11a-11 Total revenue. See inst				2,360,475.	0.	0.	2,360,475.
BAA		, star retender occ ms	40110113	-	`	A0109L 07/08/13	<u>. </u>	<u> </u>	Form 990 (2013)

Page **10**

Part IX Statement of Functional Expenses

0001	ion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a			omplete column (A).	
			(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
_	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	631,267.		_	
5	Compensation of current officers, directors, trustees, and key employees	104,867.			110
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	639,687.	. "		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	001 400			
_		201,482.			
9	Other employee benefits .	50 110			
10	Payroll taxes	60,449.			
11	Fees for services (non-employees):				
	Management				
	Legal	122,745.			
	: Accounting	12,500.			
	Lobbying			8. 8	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties				
16	Occupancy				,
17	Travel			,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,103.			
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,218.			
23	Insurance	95,110.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)			the control to be the control of the	14 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
а	AUTOMOBILE EXPENSE	63,756.			
b		54,005.			
c	OFFICE AND BUILDING EXPENSES	52,914.			
d		28,082.			-
e	All other expenses .	119,837.			
25	Total functional expenses. Add lines 1 through 24e	2,282,022.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 497,976 556,679. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 437 881 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 112,186 10b 688,198 **b** Less^{*} accumulated depreciation . 423,988 10 c 735,416 11 Investments - publicly traded securities. 40 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 16 1,250,798 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,240,869 17 Accounts payable and accrued expenses 108.054 86,089 17 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 87,038 23 493 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 62,366 49,352 Total liabilities. Add lines 17 through 25 257,458 26 188,934 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. ASSETS 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 P X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 983,411 1,061,864 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 983.411 ,061,864 1,250,798. Total liabilities and net assets/fund balances 240,869 34 Form **990** (2013) BAA

	m 990 (2013) INTERNATIONAL BROTHERHOOD OF ELECTRICAL	35-0782423	Page 12
Рa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,360,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,282,022.
3	Revenue less expenses. Subtract line 2 from line 1.	. 3	78,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	983,411.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,061,864.
Рa	rt XII Financial Statements and Reporting	· · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part XII		
	· · · · · · · · · · · · · · · · · · ·		Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:	eviewed on a	
	Separate basis Consolidated basis Both consolidated and 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 sbasis, consolidated basis, or both:	separate	
	X Separate basis Consolidated basis Both consolidated and separate basis		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ו	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle ·	3a X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3 h

Form **990** (2013)

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WOE	TERNATIONAL BROTHERHOOD OF ELE KKERS LOCAL 1393			35-0782423						
Par	Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Oth wered 'Yes' to Form 990	ner Similar Funds Part IV line 6	or Acc	counts.					
	Complete ii tilo organization and	(a) Donor advised	<u> </u>	(b) F	unds and other acc	ounts				
1	Total number at end of year			<u> </u>						
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 dor are the organization's property, subject to the			advised	funds Yes		No			
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									
D						Ш	No			
Par	til Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990). Part IV. line 7.							
1	Purpose(s) of conservation easements held by									
	Preservation of land for public use (e g , r	•		historic	ally important land	area				
	Protection of natural habitat		Preservation of a	certified	historic structure					
	Preservation of open space									
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation cor	ntribution in the form of	a conser	vation easement on t	he				
	last day of the tax year		Г		Held at the End of th	o Tox	. Vaar			
=	Total number of conservation easements.		-	2 a	neiu at the End of th	ie i a)	rear			
	• Total acreage restricted by conservation ease	ments		2 b						
	: Number of conservation easements on a certi		l ın (a)	2 c						
	Number of conservation easements included i		``´							
•	structure listed in the National Register			2 d						
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished,	or terminated by the oi	ganızatıd	on during the					
4	Number of states where property subject to conse									
5	Does the organization have a written policy re and enforcement of the conservation easement	nts it holds?			Yes		No			
6	Staff and volunteer hours devoted to monitoring,	nspecting, and enforcing conse	rvation easements durir	ig the ye	ar					
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation	on easements during the	e year						
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	n 170(h)	(4)(B)(ı) Yes	П	No			
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote						g for			
Par	Conservation easements Till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Ot	her Sir	nilar Assets.					
1 -	If the organization elected, as permitted unde		<u> </u>	statomo	ent and balance che	t 14/0=	ks of			
16	art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	on, or research in furthe				K2 ()			
ŀ	olf the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, o	oort in its revenue stat or research in furtherand	ement a e of pub	and balance sheet wallic service, provide the	orks d e	of art,			
	(i) Revenues included in Form 990, Part VIII,	line 1	••		• \$					
•	(ii) Assets included in Form 990, Part X		des esses for force		▶ \$					
2	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to the	se items:	gain, pro						
	Revenues included in Form 990, Part VIII, line	: I			► \$					
	Assets included in Form 990, Part X				► \$					

Schedule D (Form 990) 2013 INTER	RNATIONAL	BROT.	HERHOOD OF	ELECTRICAL		35-0782	2423	Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	rical Treasures,	or O	ther Similar Ass	ets (continu	ıed)
Using the organization's acquisition items (check all that apply)	, accession, ar	nd other r	ecords, check ar	ny of the following that	t are a	significant use of its o	collection	
a Public exhibition			-	or exchange program	าร			
b Scholarly research			e Other					
c Preservation for future gener								
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maii	ntained a	as part of the or	rganızatıon's collecti	on?	L	Yes [No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	Form S	Complete if the 1990, Part X,	ne organization a line 21.	answ	ered 'Yes' to For	m 990, Pari	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?					other	assets not included	Yes [No
b If 'Yes,' explain the arrangement	ın Part XIII aı	nd comp	lete the following	ng table:				
5							Amount	
c Beginning balance	•					1 c		
d Additions during the year				•		1 d		
e Distributions during the year						1 e		
f Ending balance2 a Did the organization include an a	mount on For	m 000 I	Part V. June 212			[11]	Yes	No
b If 'Yes,' explain the arrangement				tion has been provid	ded in	Part XIII	res	
Part VIII Endowment Funds. C	omplete if t	the org	anization an	swered 'Yes' to I	Form	990, Part IV, lin	e 10.	
•	(a) Current	year	(b) Prior year	(c) Two years b	oack	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance.								
b Contributions			<u> </u>					
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses .								
g End of year balance								
2 Provide the estimated percentag	e of the currer	nt year e	end balance (lin	e 1g, column (a)) he	eld as:	*		
a Board designated or quasi-endowm	ent ►		%					
b Permanent endowment ►	%							
c Temporarily restricted endowmen	nt ►		%					
The percentages in lines 2a, 2b,	and 2c should	d equal 1						
3 a Are there endowment funds not in to organization by:	the possession	of the or	ganization that a	re held and administe	red for	r the	Yes	No
(i) unrelated organizations .			• •				3a(i)	
(ii) related organizations .			• • • • •				3a(ii)	ļ
b If 'Yes' to 3a(II), are the related of							3b	<u> </u>
4 Describe in Part XIII the intended	d uses of the o	organiza	tion's endowme	ent funds				
Part VI Land, Buildings, and Complete if the organ			'Yes' to Form	ı 990, Part IV, lir	ne 11	a. See Form 990), Part X, Iıı	ne 10.
Description of property		(a) Cost	or other basis	(b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book v	
1 a Land		V		63,240) .	** **	63	,240.
b Buildings				698,682		139,555.		,127.
c Leasehold improvements	ŀ			61,305		61,305.		0.
d Equipment	!			224,341		160,527.	63	,814.
e Other				64,618		62,601.		,017.
Total. Add lines 1a through 1e. (Colum	nn (d) must ed	ual Forr	n 990, Part X. o			. 52,001.		,198.
BAA	/->	,		(-),	<u> </u>	Schedu	ule D (Form 990	

Part IX	Part VII Investments – Other Securities.	L'Voc' to Earm OO	N/A N Part IV I Inc. 11b. Sec Form 990. Part Y Jine 12
(2) Closely-hold equity interests (3) Other (4) (5) (5) (7) (7) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			·
(3) Cher (4) (5) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(D) DOOK Value	(C) Method of Valuation. Cost of end-of-year market value
3) Oher	• •		
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		<u> </u>	-
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment type (d) Book value (e) Method of valuation: Cost or end-of-year market value (f) (e) Book value (g) Method of valuation: Cost or end-of-year market value (g) Description of investment type (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) B			
(2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			
(F)			-
(G)		· · · · · · · · · · · · · · · · · ·	
(G) Description of investments — Program Related. Complete if the organization answered Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Cost of the following of the investment type (e) Book value (f) Method of valuation: Cost or end-of-year market value (g) Description of investment i			
Complete The organization answered Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization of line is a line in the organization of line is a line is a line in the organization of line is a line is a line in the organization of line is a			
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Schedule **D** (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1393

Employer identification number 35-0782423

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS								
SEVERAL MEMBERS OF THE AUDIT COMMITTEE AND BOOKKEEPER REVIEW THE 990 PREPARED BY THE								
INDEPENDENT CPA FIRM.								
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE								
THE LOCAL UNION FILES IT FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT VIA THE								
DEPARTMENT OF LABOR WEBSITE, WHICH IS AVAILABLE TO THE PUBLIC VIA THE DOL.								

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Employler Identification number

Name of the Organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Partivill Continuation: Officers, Directors, Trustees, Key Employees, and 35-0782423

(A)	(B)	byees (C)			(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truste or director		Officer	Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RONALD THOMPSON VICE PRESIDENT MICHAEL EDWARDS	$\frac{10}{0}$			Х		570.	0.	0.
PRESIDENT THOMAS J. BAILEY BUSINESS MGR	0 			X		570. 95,699.	0.	0.
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Form **8868**

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part III with the exception of Form 8870, Information Returns for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or INTERNATIONAL BROTHERHOOD OF ELECTRICAL print WORKERS LOCAL 1393 35-0782423 Number, street, and room or suite number. If a P O box, see instructions Social security number (SSN) File by the due date for 3645 S. EAST STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions INDIANAPOLIS, IN 46227 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code 01 Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A ሰጸ Form 4720 (individual) 03 Form 4720 (other than individual) N9 Form 990-PF 04 Form 5227 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► BARBARA HEDGE Telephone No. ► 317_.791_1362 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 $\underline{14}$, to file the exempt organization return for the organization named above The extension is for the organization's return for: X calendar year 20 13 or ____, 20 ___, and ending If the tax year entered in line 1 is for less than 12 months, check-reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3 a |\$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 3 b | \$ tax payments made. Include any prior year overpayment allowed as a credit

payment instructions.

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Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for

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