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# SCANNED JUN 1 1 2015

Form **990** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A	ror the	2014 Calendar year, or tax year beginning and	enaing	_	_				
В	Check if applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRIC	እ T	D Employer id	entificat	ion number			
	Addres	WORKERS LOCAL NO. 649	MΠ						
Ē	Name change			3'	7-034	17380			
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone n	umber					
	Final return/	3945 HUMBERT ROAD		( )	<u>618)</u>	462-1627			
	termin ated			G Gross receipts \$		1,350,860.			
	Amend	ALION, IL 62002		H(a) Is this a gr	oup retu				
	Applic	F Name and address of principal officer.	inates?	Yes X No					
pending SAME AS C ABOVE H(b) Are all subordinates included?									
		empt status: 501(c)(3) _X 501(c)( 5 ) ◀ (insert no.) 4947(a)(1)	or 527	If "No," att	ach a list	t. (see instructions)			
		e: ► IBEW649.ORG		H(c) Group exe					
		organization: X Corporation Trust Association Other	L Year	of formation: 19	<u>09 м s</u>	tate of legal domicile: ${f IL}$			
LP	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{CONT}}$							
Activities & Governance		CONDITIONS, EDUCATION, AND TRAINING IN T							
E.		Check this box 🕨 🔛 if the organization discontinued its operations or dispo	sed of more	e than 25% of its	net asse				
ò	1	Number of voting members of the governing body (Part VI, line 1a)			3	22			
∞ ত	1	Number of independent voting members of the governing body (Part VI, line 1b)			4				
ies	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	16			
Ξ	1	Total number of volunteers (estimate if necessary)  RECEN	√ED	Ī.	6				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		ol –	7a	0.			
	- <u>b</u>	Net unrelated business taxable income from Form 990-T, line 84	2015	O Prior Year	7b	0.			
ne		1 1	2013	Prior Year	0.	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		922,8		97 <u>2,54</u> 5.			
Revenue	9	Program service revenue (Part VIII, line 2g)  OGDEN	, UT —	13,6		11,682.			
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,3		45,047.			
	1	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	993,772.		1,029,274.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		154,5		168,998.			
		Benefits paid to or for members (Part IX, column (A), line 4)	-	134/3	0.	0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		695,607.		676,353.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.	0.			
ě	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u> $\Box$		<u> </u>				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		245,1	49.	240,603.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,095,3		1,085,954.			
	19	Revenue less expenses Subtract line 18 from line 12		-101,5		-56,680.			
Net Assets or	3		В	eginning of Current	Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,181,8		1,121,189.			
AS	21	Total liabilities (Part X, line 26)		10,4	31.	6,472.			
캺	22	Net assets or fund balances. Subtract line 21 from line 20		1,171,3	97.	1,114,717.			
P	<u>art II</u>	Signature Block							
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying scheduli	es and staten	nents, and to the be	st of my k	nowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledg	e				
		Charles a. Harry		5	[11 [12	<u> </u>			
Sig	jn	Signature of officer		Date	,				
He	re	Type or print name and title	ANCIAL	SECRETARY	<u> </u>				
				Date c	heck	] PTIN			
D-1		Print/Type preparer's name  Preparer's signature	1			<b>-</b>			
Pai		JENNA ANDRES CPA  COMPETER POVIE	V VI /T	05/06/15 5		P00837061			
	parer	Firm's name SCHEFFEL BOYLE Science 322 CHAME CO	Longe	Firm's E	IIV .	37-1206530			
US	Only	Firm's address 322 STATE ST NO ALTON, IL 62002-6135	•	Dhara	. / 61	Q\ 46E 4200			
	v tha !!	RS discuss this return with the preparer shown above? (see instructions)		Pnone r	U. ( O I	8) 465-4288 X Yes No			
17/2	ty uti⊕ li	no discuss this return with the preparer shown above? (See Instructions)				LALITES LINO			

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL 37-0347380 WORKERS LOCAL NO. 649 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CONTINUING TO ENSURE IMPROVED CONDITIONS, EDUCATION, AND TRAINING IN THE ELECTRICAL INDUSTRY. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code \_\_\_\_\_\_) (Expenses \$ \_\_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_\_) (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_ ) (Revenue \$ (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

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Part IV Checklist of Required Schedules WORKERS LOCAL NO. 649

			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?	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	X	
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	X	
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		X
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		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>X</u> _
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			w
44	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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		_ x_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1,14		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		$\mathbf{x}_{-}$
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			
	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	j	İ	İ
	Schedule D, Parts XI and XII	12a	X	
b	• • • • • • • • • • • • • • • • • • •			
	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	<u> </u>	X
14a		14a	·	<u> </u>
b	9,			
	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	446		_ x_
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	14b	+	<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<del> </del>	<del>  ^</del> -
	or for foreign individuals? 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,	<u> </u>	<del>                                     </del>	<del>  **</del> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	- <del></del> -
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		$\mathbf{x}_{-}$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2014) WORKERS LOCAL NO. 649

Part IV Checklist of Required Schedules (continued)

			Yes	No
21 Ì	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals 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			İ
	Schedule J	23	X	
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	<u>'</u>		]
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 990-EZ? If "Yes," complete			
	Schedule L, Part I	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 "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
_	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
•	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	-	1
	Schedule N, Part II	32	Ì	$\mathbf{x}$
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	<del> </del>	<del> </del>
	sections 301.7701-2 and 301 7701-37 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, III, or IV, and			1
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	1	1
	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 organization?	330	<del>                                     </del>	1
<del>50</del>	If "Yes," complete Schedule R, Part V, line 2	26		
37		36	<del> </del>	+
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	х	
				1

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		L
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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		<u></u>
4a	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		<u>X</u>
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	,		
_	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 transaction?	_5b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<b>.</b>
	any contributions that were not tax deductible as charitable contributions?	6a_		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00_		$\vdash$
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ	1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	ļ <u>.</u>	<del>↓</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	_	<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		<del> </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		+
10	Section 501(c)(7) organizations. Enter.	00	ļ	<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	Ì	
11	Section 501(c)(12) organizations. Enter.	]		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Î	
	amounts due or received from them)	1		
12a		12a	ļ	<del> </del>
þ		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	+
а		13a	<del>  -</del>	+
	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  Enter the amount of receives on hand	}		1
с 14а		14-	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	1	+**
	1 100, That it mod a form the to report these payments: If 140, provide an explanation in ochequie o		_	2014

Form 990 (2014)

WORKERS LOCAL NO. 649

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Part VI 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

`	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion 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 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1	
	more members of the governing body?	7a	_X_	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Щ.	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	Γ
10-	Did the executive have level about an extens because of effication	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del>	<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118		A
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del> </del>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	1	
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
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 approval by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
þ	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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılal	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>CHARLES A. YANCEY - (618) 462-1627</u>			
	3945 HUMBERT ROAD, ALTON, IL 62002			

Form 990 (2014) WORKERS LOCAL NO. 649

37-0347380 Pa

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 \	or note to any line in this Part VII
--	--------------------------------------

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

- 1a 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

(A) Name and Title	(B) Average hours per	box,	not ci unles	ss pe	tion more son :	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		ney employee Highest compensated employee Former		Key employee Highest compensaled employee Former		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TERRY L. SHEWMAKE	50.00					_		101 000		45.536		
ASST. BUS. MGR.		X		X		-	-	104,988.	0.	45,736.		
(2) MARK W. WOULFE	2.00							0.640		•		
PRESIDENT		X		X	<u> </u>	<u> </u>	<u> </u>	2,649.	0.	0.		
(3) ALAN RUBENSTEIN	50.00							100 010		45 684		
ORGANIZER		Х		X	<u> </u>		<u> </u>	102,848.	0.	45,671.		
(4) PHILLIP L. DAVIDSON	2.00						İ	000		•		
VICE PRESIDENT		X		X		ļ		839.	0.	0.		
(5) STEVEN R. NAYLOR	2.00		ļ				ļ	0.15		•		
RECORDING SECR.	1-00	X	-	X				915.	0.	0.		
(6) DANIEL DAINE	1.00			İ	İ	į				•		
EXECUTIVE BOARD	F0 00	X	├	-		-		0.	0.	0.		
(7) CHARLES A. YANCEY	50.00	<b>.</b> ,		٦,				107 204		45 005		
BUSINESS MGR	1 00	X	-	X		-		107,304.	0.	45,805.		
(8) SCOTT D. WAGNER	1.00	٠,								100		
EXECUTIVE BOARD	1 00	X	ļ	-	├		1	0.	0.	496.		
(9) RON G. MILLER	1.00	<b>.</b>								125		
EXECUTIVE BOARD	1 00	X	1	-	├		╁	0.	0.	435.		
(10) JOHN M. GOTTLOB	1.00	<b>.</b>	ļ	ļ			1		0.	101		
EXECUTIVE BOARD	1 00	X	<del> </del>	┢	-	┼—	+	0.	U •	191.		
(11) M. TIM WENSE	1.00	₹.,								410		
EXECUTIVE BOARD	1 00	X	┼	┼	-	╁	╁	0.	0.	419.		
(12) DAVID C. BURNS	1.00	X							0.	201		
EXECUTIVE BOARD	1 00	╀≏	╁	╁	$\vdash$	╁	╁╌	0.	<u> </u>	381.		
(13) RICK L. KESSINGER	1.00	$\mathbf{x}$								_		
EXECUTIVE BOARD	1.00	╀┻	+-	<del> </del>	╁╌	╁	╁╾	0.	0.	0.		
(14) JOE E. ELLIOTT	1.00	$\mathbf{x}$					Ì	0.	0.	1		
EXECUTIVE BOARD	1.00		┿	+	+	+	+	<del>                                     </del>	<u> </u>	0.		
(15) ROBB A. RIDENOUR	1.00	$ _{\mathbf{x}}$	-				1	0.	0.	0.		
EXECUTIVE BOARD	1.00	_	<del> </del>	+-	+	+-	+	<del> </del>	· · · · · · · · · · · · · · · · · · ·			
(16) PETE L. DOCHWAT	1.00	$ _{\mathbf{x}}$						71.	0.	381.		
EXECUTIVE BOARD	1.00	_	+-	┼─	1	+	+-	<del>                                     </del>	<u> </u>	301.		
(17) DAVID W. MAHANAY	1.00	X					1		0.	263.		
EXECUTIVE BOARD			1				٠	J	<u> </u>	Form <b>990</b> (2014)		

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

\$100,000 of compensation from the organization

Form 990 (2014) WORKERS LOCAL NO. 649

Part VIII Statement of Revenue Page 9 Form 990 (2014) 37-0347380

		Check if Schedule O conta	ains a response	or note to any line				
- <b></b> -					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b					
P, G	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	51.1	1d					
S, (	е	Government grants (contributi	ions) 1e					
i Si	f	All other contributions, gifts, grant	ts, and					
1 to 1		similar amounts not included above	/e <b>1f</b>					
들	g	Noncash contributions included in lines	1a-1f \$					
<u>3 8</u>	h	Total. Add lines 1a-1f						
				<b>Business Code</b>				
Program Service Revenue	2 a	MEMBERSHIP DUES	& ASSE	900099	972,545.	972,545.		L
	b							
8 5	С						_	
eve	d							
ē E	е							
ھ ا	f	All other program service reve	nue				<u> </u>	
	9	Total. Add lines 2a-2f			972,545.			
!	3	Investment income (including	dıvıdends, ınter	est, and				
- 1		other similar amounts)		<b>&gt;</b>	<u> 15,395.</u>			15,395.
	4	Income from investment of tax	x-exempt bond	oroceeds 🕨				
į	5	Royalties						
			(ı) Real	(ıı) Personal				
	6 a	Gross rents	50,400.	,				
	b	Less rental expenses	0.					
	С	: Rental income or (loss)	50,400.	,				
	d	Net rental income or (loss)			50,400.			50,400.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	306,774.	108.				
	b	Less: cost or other basis	Į	{		1		
ļ		and sales expenses	310,595					
	C	Gain or (loss)	[-3,821]	108.				
		l Net gain or (loss)		<b>•</b>	-3,713.			-3,713.
age	8 a	Gross income from fundraisin	g events (not					
គ្ន		including \$	of					
e.		contributions reported on line	1c) See					
Other Rever		Part IV, line 18	a	·	•			
ŧ.	b	Less: direct expenses	t	· [				
	С	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a	·				
	b	Less: direct expenses	t	·				
		: Net income or (loss) from gan	_					
	10 a	Gross sales of inventory, less	returns					
		and allowances	ε					
		Less: cost of goods sold	k	10,991.	_			
i		Net income or (loss) from sale	es of inventory	<u>,</u>	-9,079	<u>-9,079.</u>		<del></del>
		Miscellaneous Revenu	16	Business Code		_		
	11 a	MISCELLANEOUS		900099	3,726.	3,726.		<del></del>
	b					ļ		<del></del>
	c			<b></b>			ļ. <u> </u>	
	c			L	<u> </u>	<del> </del>	ļ	
	€	Total, Add lines 11a-11d		<b>&gt;</b>	3,726		ļ	
1000	12	Total revenue. See instructions.		<u> </u>	1,029,274	967,192.	0	62,082.

• Form 990 (2014)

WORKERS LOCAL NO. 649

37-0347380 Page 10

	TIA Statement of Functional Expense				
Section 1	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons			(0)	(5)
	ot Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	168,998.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	464,570.			
6	Compensation not included above, to disqualified			-	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	136,383.			
8	Pension plan accruals and contributions (include	130,303.			
3	section 401(k) and 403(b) employer contributions)	14,719.			
9	Other employee benefits	18,963.	<del></del>	<del> </del>	
		41,718.		<del> </del>	
10	Payroll taxes	41,/10.			
11	Fees for services (non-employees).				
а	Management		<del></del>	<del></del>	
b	Legal	C 100	<del></del>	<del></del>	
	Accounting	6,120.		<del> </del>	
d	Lobbying	22,169.			
е	Professional fundraising services. See Part IV, line 17		····	_	
f	Investment management fees			_	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,565.			
13	Office expenses	22,935.			
14	Information technology			<u> </u>	
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	13,591.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,245.			
24	Other expenses. Itemize expenses not covered			<del></del>	
-	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 0.)				
а	REAL ESTATE TAXES	63,334.			
b	FIXED ASSET PURCHASE	20,000.			
C	TELEPHONE	13,739.			<del>                                     </del>
	REPRESENTATIONAL ACTIVI	12,161.	<del></del>	<del> </del>	
d		45,744.		<del>                                     </del>	
e	All other expenses	1,085,954.		+	
25	Total functional expenses. Add lines 1 through 24e	1,000,954.		<del> </del>	
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)			L	<u> </u>

Form 990 (2014) WORKERS LOCAL NO. 649 37-0347380 Page 11 Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,332. 3,050. Cash - non-interest-bearing 617,435. 549,831. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 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 instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a b Less' accumulated depreciation 10b 10c 559,061. 568,308. Investments · publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 181,828 121 .189 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 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 10,431. 25 <u>6,472.</u> 10,431. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 1,171,397. 1,114,717. 32 Retained earnings, endowment, accumulated income, or other funds 1,171,397. 1,114,717. Total net assets or fund balances 33 33 1,121,189. 1,181,828. Total liabilities and net assets/fund balances 34

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 37-0347380 Page **12** WORKERS LOCAL NO. 649 Form 990 (2014)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	1 2 3 4 5 6	1,029 1,089 -50 1,173	5,9! 5,6	54. 80.
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	1,11	4,7	
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.		2a	Yes	No X
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	te basis,	2b	х	
С	X Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Sch		<b>2</b> c		x
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Act and OMB Circular A-133?	ngle Audıt	3a		x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			ĺ

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

▼ Section 50 f(c)(4), (5), or (6) organizat				
ame of organization INTERNA	TIONAL BROTHERHO	OOD OF ELECT	RICAL Emplo	yer identification number
WORKERS	LOCAL NO. 649			37-0347380
Part I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organiz</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	ation's direct and indirect politic	cal campaign activities	ın Part IV. ▶\$	
Part I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise tax			<b>▶</b> \$	
2 Enter the amount of any excise tax	incurred by organization manag	gers under section 495		
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720	) for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	janization is exempt un	der section 501(c	, except section 501(	c)(3)
1 Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POI	<del>-</del> ,	
line 17b			▶\$	
4 Did the filing organization file Form	•			Yes X No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC) If	tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ a separate political org	ization's funds. Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
SEE ATTACHED			0.	22,169.
		<del>                                     </del>		
			<del> </del>	
	<u> </u>			
		}		
<del></del>	<u> </u>		<u>.                                    </u>	

Schedule C (Form 990 or 990 EZ) 2014 WORKE Part II-A   Complete if the organizati	RS LOCAL NO. on is exempt under	649 section 501(c)(3) and fi	37- led Form 5768 (	0347380 Page 2 election under
section 501(h)).	•		·	
A Check   if the filing organization belor	igs to an affiliated group (a	and list in Part IV each affiliated	d group member's na	me, address, EIN,
expenses, and share of exce	-		•	
B Check   if the filing organization chec	ked box A and "limited coi	ntrol" provisions apply		
	bying Expenditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	olic opinion (grass roots lo	bbying)		
b Total lobbying expenditures to influence a le	egislative body (direct lobb	ying)		
c Total lobbying expenditures (add lines 1a ai	nd 1b)			
d Other exempt purpose expenditures	•			
e Total exempt purpose expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable amount. Enter the am	•	ole in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontax			
Not over \$500,000	20% of the amount o		11	
Over \$500,000 but not over \$1,000,000		of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	<del></del>	of the excess over \$1,000,000	1	
Over \$1,500,000 but not over \$17,000,000		the excess over \$1,500,000.	1	
Over \$17,000,000	\$1,000,000	αιο ολουσο στοι φτ <u>ι</u> σου, σου.		
0101 \$11,000,000	Ψ1,000,000		J	
g Grassroots nontaxable amount (enter 25%	of line 1f)			<del></del>
h Subtract line 1g from line 1a If zero or less,				
i Subtract line 1f from line 1c If zero or less,				
j If there is an amount other than zero on eith		e organization file Form 4720		
reporting section 4911 tax for this year?	ioi iiile iii oi iiile ii, ala tik	e organization me i om 4/20		Yes No
(Some organizations that made	a section 501(h) election	od Under section 501(h) n do not have to complete al ons for lines 2a through 2f.)	l of the five columns	
Lol	bying Expenditures Duri	ng 4-Year Averaging Period		
Calendar year (or fiscal year beginning in) (a	) 2011 <b>(b)</b> 20	12 <b>(c)</b> 2013	( <b>d</b> ) 2014	(e) Total
2a Lobbying nontaxable amount				
<ul> <li>b Lobbying ceiling amount</li> <li>(150% of line 2a, column(e))</li> </ul>				
c Total lobbying expenditures				
d Grassroots nontaxable amount				
e Grassroots ceiling amount (150% of line 2d, column (e))				
4. Granavanta labbuma aynandituraa				

Schedule C (Form 990 or 990-EZ) 2014

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Schedule C (Form 990 or 990 EZ) 2014 WORKERS LOCAL NO. 649 37-03<u>47380</u> Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description (a) (b) of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? X 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	972,545.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	22,169.
b	Carryover from last year	2b	69,140.
C	Total	2c	91,309.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	91,309.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Pa	t IV Supplemental Information		
Prov	ide the descriptions required for Part I.A. Inc. 1. Part I.B. Inc. 4: Part I.C. Inc. 5: Part II.A. (affiliated areas liet). Part II.	A lines 4 as	10/

	The state of the political experience (eee monde deterna)	3
Part IV	Supplemental Information	
Provide the	descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup list); Part II-A, lines 1 and 2 (see
	; and Part II-B, line 1 Also, complete this part for any additional information	
		_

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 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

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

**Employer identification number** 37-0347380

WORKERS LOCAL NO. 649 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		LOCAL NO.								Page <b>2</b>
Par	t III 🗋 Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Other	r Simil	ar Asse	<b>ts</b> (contini	ued)
3 (	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	C	, 🗀	_oan or exc	hange program	ms				
b	Scholarly research	•	$\overline{}$	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ev further t	he organizatio	n's exem	not purpa	ose in Par	XIII	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	□ No
Par	t IV Escrow and Custodial Arran					Ves" to F	990	Part IV I		
	reported an amount on Form 990, Par	t X. line 21.	0.00	o, gai neatic	and words	100 101	0	, , , , , , , , , , , , , , , , , , , ,		
1a	Is the organization an agent, trustee, custodi		diany for	contribution	ne or other see	este not i	ncluded			
ıu	on Form 990, Part X?	an or other interme	ulary lor	CONTRIBUTION	is or other ass	9612 1101 1	ricidaea		Yes	
h	·	and complete the fe		ر ما ما م				L	」 Yes	Ll No
IJ	If "Yes," explain the arrangement in Part XIII	and complete the fo	nowing t	able:			<u> </u>		•	
_	Daringura halasa						-		Amount	
С.	Beginning balance						1c	-		
	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance						1f		_	
	Did the organization include an amount on Fe						ty?	L	」Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part I	V, line 10	)			
		(a) Current year	(b) P	rıor year	(c) Two years	s back (	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									••
	and programs					1				
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·		<u> </u>				· ·	
g	End of year balance	<del> </del>	<del>                                     </del>	·- <u>-</u>						
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
-	Board designated or quasi-endowment	one year end balant	%	g, column (	ajj rielu as.					
b										
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c should equal 100%									
32	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Ja										
	by. (i) unrelated organizations  Yes No  (ii) 4									
	(ii) related organizations								3a(i)	
	, ,								3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
Bo:	Describe in Part XIII the intended uses of the		owment	funds						
Fai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o			t or other		cumulat		(d) Book	value
		basis (invest	ment)	basis	(other)	dep	reciation	1		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), lıne	10c.)			<b>&gt;</b>		0.

Schedule D (Form 990) 2014

WORKERS LOCAL NO. 649 37-0347380 Page 3 Schedule D (Form 990) 2014 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII 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 (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes PAYROLL DEDUCTIONS PAYABLE 6,472. (3)(4) (5) (6) (7) (8) 6,472. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 WORKERS LOCAL NO. 649 37-0347380 Page 4 Part XI` Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1,040,265. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 10,991 d Other (Describe in Part XIII) 2d 10,991. Add lines 2a through 2d 2e 1.029.274. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 0. c Add lines 4a and 4b 40 74. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,100,904. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a b Prior year adjustments 2b Other losses 2c 10,991 Other (Describe in Part XIII) 2d d 10,991. Add lines 2a through 2d 1,089,913. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a -3.959Other (Describe in Part XIII) 4b -3,959. c Add lines 4a and 4b 4c 085,954. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: ACCOUNTING STANDARDS CODIFICATION TOPIC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TOPIC 740 DEVELOPED A TWO-STEP PROCESS TO EVALUATE A TAX POSITION AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE LOCAL HAS NOT RECORDED A RESERVE FOR ANY TAX POSITIONS FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY. MANAGEMENT BELIEVES THAT THE LOCAL FILES TAX RETURNS IN ALL APPROPRIATE JURISDICTIONS AND HAS PROPERLY CHARACTERIZED ALL INCOME AND EXPENSE ITEMS

Schedule D (Form 990) 2014

432054 10-01-14

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL Schedule D (Form 990) 2014 WORKERS LOCAL NO. 649 37-0347380 Page 5 Part XIII | Supplemental Information (continued) ON SUCH RETURNS. THE OPEN TAX YEARS ARE THOSE YEARS ENDED DECEMBER 31, 2011 THROUGH DECEMBER 31, 2014. THE 2014 TAX RETURN HAS NOT BEEN FILED AS OF THE DATE OF THIS REPORT. AS OF DECEMBER 31, 2014 THE COMPANY HAS NO RECORDED LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE LOCAL RECOGNIZES INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS INTEREST EXPENSE AND PENALTIES AS INCURRED. NO SUCH EXPENSE WAS RECOGNIZED FOR THE YEAR ENDED DECEMBER 31, 2014. PART XI, LINE 2D HATS & T-SHIRT EXPENSE NETTED W/ REVENUE PART XII, LINE 2D HATS & T-SHIRT EXPENSE NETTED W/ REVENUE

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

**≗** □ **Employer identification number** ASSISTANCE TO OTHER LABOR 37-0347380 CHARITABLE CONTRIBUTION (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any IBEW MANDATED CONTRIBUTION NIONS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed INTERNATIONAL BROTHERHOOD OF ELECTRICAL (d) Amount of cash grant 7,279, 100. 161,619 (c) IRC section if applicable 501(C) 3 501(C) 649 WORKERS LOCAL NO. General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WORKERS - 900 SEVENTH STREET, N.W. 1 (a) Name and address of organization INTL BROTHERHOOD OF ELECTRICAL GRANTS TO OTHER LABOR UNIONS or government VARIOUS CHARITABLE ORG - WASHINGTON, DC 20001 Name of the organization Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

37-0347380

Schedule I (Form 990) (2014) WORKERS LOCAL NO. 649

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) MONITORING IS NOT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance CONTRIBUTION IS MADE PER INTERNATIONAL MANDATED AMOUNT (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 2 PART I, LINE REQUIRED.

### **SCHEDULE J** (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Inspection

**Employer identification number** 

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL NO. 649 37-0347380 **Questions Regarding Compensation** 

No Yes la Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

WORKERS LOCAL NO. 649

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

37-0347380

Page 2

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(a)	in column (B) reported as deferred in prior Form 990
(1) TERRY L. SHEWMAKE	Ξ	104,988.	0	0	45,736.	0.	150,724.	0
٠.	Ξ		0	0	0	0.		0
(2) CHARLES A. YANCEY	ε	107,30	0	0	45,805.	0.	153,10	0
- 2	Ξ		0.	0	0	0	• 0	0
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649 Schedule J (Form 990) 2014

Part III Supplemental Information

Page 3

37-0347380

Schedule J (Form 990) 2014

### SCHEDULE O

432211 08-27-14

(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.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649

Employer identification number 37-0347380

FORM 990, PART VI, SECTION A, LINE 2:
TERRY SHEWMAKE, ASSISTANT BUSINESS MANAGER, IS THE COUSIN OF MICHAEL
SHEWMAKE, A MEMBER OF THE EXAMINING BOARD.
FORM 990, PART VI, SECTION A, LINE 6:
ORGANIZATION CONSISTS OF MEMBERSHIP THAT FLUCTUATES BETWEEN 450 AND 500
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE ON APPROVAL OF BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS VOTE ON APPROVAL OF BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 WILL BE PRESENTED TO THE BOARD WITH THE FINANCIAL STATEMENTS FOR
THEIR REVIEW SHORTLY AFTER THE MAY 15TH FILING REQUIREMENT.
THE REPORT OF THE PART 15111 FIBING REQUIREMENT.
FORM 000 DARM VI GEOMION D. LIND 100
FORM 990, PART VI, SECTION B, LINE 12C:
CHARLIE YANCEY, BUSINESS MANAGER, PERSONALLY MONITORS, REVIEWS, AND
ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY. CONFLICTS OF
INTEREST ARE REVIEWED BY THE BUSINESS MANAGER ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF ALL EMPLOYEES IS IN LINE WITH COLLECTIVE BARGAINING
AGREEMENTS. THESE MULTI-YEAR AGREEMENTS ARE APPROVED BY THE BOARD.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649	Employer identification number 37-0347380
FORM 990, PART VI, SECTION C, LINE 19:  DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILAB	
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROC	ESS OR
SELECTION PROCESS FROM THE PRIOR YEAR.	

Political Contrib			O-state trans	100 00
02/04/2014	4585	Friends of Frenchs	Contribution	
03/04/2014	4587	Daiber for Regional Superintendent	St Patrick's Day Fundraiser 2014	200 00
03/04/2014	4588	Friends of Debbie Ming-Mendoza	April Fools' Day Fundraiser	150 00
03/18/2014	4589	Good Government Team	Mark VonNida, Madison County Clerk	300 00
03/18/2014	4590	Taxpayers for Quinn	Contribution 2014	5,000 00
04/01/2014	4591	Friends of Cullen L. Cullen	Candidate for State Representative	100 00
04/15/2014	4592	Citizens for Tom Gibbons	Fundraiser Reception April 2014	250 00
04/15/2014	4593	CITIZENS FOR DUNSTAN	Fundriser May 5,2014	200 00
05/20/2014	4597	FRIENDS OF BILL HAINE	Hole Sponsor	150 00
05/20/2014	4594	WOOD RIVER TOWNSHIP DEMOCRATS	Tee Sponsor	100 00
05/20/2014	4595	Friends of Frerichs	Contribution	250 00
05/20/2014	4596	CITIZENS FOR STEVE NONN	Fundraiser @ Alton Marina 2014	200 00
06/03/2014	4598	COMMITTEE TO ELECT JAY C HOFFM	2 Couples	300 00
06/03/2014	4599	SW IL Building & Const Trades Council PAC	19th Annual Golf Scramble Par Sponsor 6-20-14	150 00
06/03/2014	4600	Friends of Cullen L Cullen	Candidate for State Representative	100 00
06/17/2014	4601	IBEW LOCAL 309	IBEW Local 309 Annual PAC Golf Tournament 2014	340 00
06/17/2014	4603	MACOUPIN COUNTY DEMOCRAT PARTY	Hole/Tee Sponsor	100 00
07/01/2014	4604	12th District COPE	Hole Sponsor 2014	100 00
07/15/2014	4605	Retain Ruth 2014	Reception July 28, 2014	250 00
07/29/2014	4607	Citizens for Clarence Harrison	Fundraiser Reception 8/15/14	150 00
07/29/2014	4608	FRIENDS OF RICK FACCIN	Contribution	300 00
08/19/2014	4609	GODFREY DEMOCRATIC COMMITTEE	Annual Fish Fry	150 00
08/19/2014	4610	Madison County Democratic Central Committ	2014 JFK Dinner	800 00
08/19/2014	4611	CITIZENS FOR DAN BEISER	Annual Fall Celebration Sponsor 2014	300 00
08/19/2014	4612	Friends for Debbie Ming-Mendoza	Contribution	100 00
08/19/2014	4613	COMMITTEE TO ELECT JAY C HOFFMAN	Fundraiser	200 00
09/02/2014	4615	Friends of Marleen Suarez	Candidate for Madison County Treasurer	150 00
09/02/2014	4616	Calhoun County Democrat Central Committee	26th Annual Fall Hog Roast 9/13/14	100 00
09/02/2014	4617	Friends of Frerichs	Contribution	200 00
09/16/2014	4619	Taxpayers for Quinn	Contribution	3,000 00
09/18/2014	21311	IBEW Education Fund	Governor Quinn Ballot Initiative	5,000 00
09/30/2014	4620	Friends of Jim Dodd	Campaign Contribution	50 00
09/30/2014	4621	ALTON TOWNSHIP DEMOCRATIC PRECINCT COMM	32nd Annual Buffet 10/18/2014	100 00
09/30/2014	4622	COMMITTEE TO ELECT JAY C HOFFM	2 tickets	100 00
09/30/2014	4623	Friends of Cullen L Cullen	Candidate for State Representative	150 00
10/07/2014	4624	IBEW PAC Educational Fund	Request from I O	2,500 00
10/14/2014	21378	PETTY CASH	JFK Dinner	79 00
10/21/2014	4625	Village Independence Party	Trivia Night Sponsor 11-14-14	100 00
10/21/2014	4626	Citizens for Brant Walker	\$100 00 Reception Sponsor 10/29/14	100 00
10/21/2014	4627	MACOUPIN COUNTY DEMOCRAT PARTY	\$100 00 Unity Dinner Silver Donation 2014	100 00
				100.00

12/02/2014

4628

Madison County Eastern Democrats

8th Annual X-Mas Social 12/15/2014

100 00 22,169 00