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990

Department of the Treasury

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.

OMB No 1545-0047 2015 Open to Public

_	mai Revenue Service	information about Form 990 and its instructions is at www.irs	.gov/lojillaau.		Immispection
<u>A</u>		alendar year, or tax year beginning , and ending		0.5 :	Id-adfie-N
В	Check if applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF		D Employer	identification number
Ш	Address change	ELECTRICAL WORKERS LOCAL 873			
	Name change	Doing business as			115484
Η	·	Number and street (or PO box if mail is not delivered to street address) 2739 N 50 E	Room/suite	765-4	157-5371
님	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		703-4	<u> </u>
\square	terminated				602 475
	Amended return	KOKOMO IN 46901 F Name and address of principal officer		G Gross rece	pts\$ 683,475
\exists	Application pending	· ·	H(a) is this a gro	oup return for su	bordinates? Yes X No
Ш	Application pending	CHARLES E GRIFFIN, JR		-	
			H(b) Are all sub		
_			II -No,	attach a list (see instructions)
<u> </u>	Tax-exempt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	4		
<u>J</u>	 _	TWW.IBEW873.COM	H(c) Group exe		
K	Form of organization		ear of formation 1	<u>961 </u>	M State of legal domicile IN
<u>#</u>	art I Su	ımmary			
	1 Briefly de	escribe the organization's mission or most significant activities:			
æ	TO	RGANIZE ALL WORKERS IN THE ENTIRE ELECTRICAL INDUS:	TRY IN TH	E UNITE	ED .
ä	STAT	ES AND CANADA, INCLUDING ALL THOSE IN PUBLIC UTILI:	ries and :	ELECTRI	CAL
E.	MANU	FACTURING, INTO LOCAL UNIONS; TO PROMOTE REASONABLE	METHODS	OF WOR	K.
Š	2 Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net ass	sets.	
ଔ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	10
98	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	303
į	5 Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	3
Activities & Governance	6 Total nur	nber of volunteers (estimate if necessary)		6	0
Q		elated business revenue from Part VIII, column (C), line 12		7a	0
		ated business taxable income from Form 990-T, line 34		7b	0
_	*		Prior Yea	ar	Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)	67:	3,048	<u>683,041</u>
Revenue	9 Program	service revenue (Part VIII, line 2g)			0
	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d) TD		254	434
Ř	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c 9c 10c, and 11e) 2016 9			0
_	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII-column (A), line 12)	67:	3,302	683,475
1	13 Grants a	nd similar amounts paid (Part IX, column (A), lines)(-3)) EN UT			0
7	14 Benefits	paid to or for members (Part IX, column (A), line 4)	7	6,322	0
٠ و	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	21	5,648	296,335
benses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0
	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0			
~ ₩	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	23	8,754	313,234
	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	53	0,724	609,569
5	19 Revenue	less expenses. Subtract line 18 from line 12	14:	2,578	73,906
Net Assets or	8		Beginning of Cur		End of Year
Sets	20 Total ass	ets (Part X, line 16)		8,054	533,894
Ž	21 Total liab	ilities (Part X, line 26)		B,066	0
Ž	22 Net asse	ts or fund balances. Subtract line 21 from line 20	45	9,988	533,894
<u> "</u> F	Part II. Si	gnature Block			
		penjury, I declare that I have examined this return, including accompanying schedules and stateme			owledge and belief, it is
tr	ue, correct, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledg	je	
	-	Charle Elite		2/0	12/2016
Si	gn 🏴 s	ignature of officer // /		Date	,
He	ere		<u>ESS MANA</u>	AGER	
_		ype or print name and title			
	. 1 "	e preparer's name Preparer's signature	Date	Check	X of PTIN
Pai	<u> </u>	ON C. COON CLINTON C. COON	02/16	/16 self-emp	ployed P00024571
	eparer Firm's na		F	irm's EIN	
Us	e Only	2920 S LAFOUNTAIN ST			
	Firm's ad	dress KOKOMO, IN 46902-3747	F	none no_	765-455-1777
Ma		ss this return with the preparer shown above? (see instructions)			X Yes No
_	<u> </u>	uction Act Notice, see the separate instructions			For 990 (2015)

orm	990 (2015) INTERNATIONAL	BROTHERHOOD OF	35-0415484	Page 2
*****		Service Accomplishments		
		ntains a response or note to any line	in this Part III	
1	Bnefly describe the organization's missi	on		
T	O ORGANIZE ALL WORKE	ERS IN THE ENTIRE ELECT	RICAL INDUSTRY IN THE	UNITED
9	STATES AND CANADA, IN	ICLUDING ALL THOSE IN P	UBLIC UTILITIES AND E	ELECTRICAL
M	MANUFACTURING, INTO I	OCAL UNIONS; TO PROMOT	E REASONABLE METHODS	OF WORK.
		·		
2	Did the organization undertake any sign	ificant program services during the year which	were not listed on the	
•	prior Form 990 or 990-EZ?	mount program convisces during the year which	Were not listed on the	Yes X No
	If "Yes," describe these new services or	Schedule O		cscs
2		or make significant changes in how it conduct	s. any program	
3	services?	or make significant changes in now it conduct	s, any program	Yes X No
		and the O		res A NO
	If "Yes," describe these changes on Sch			
4	-	vice accomplishments for each of its three lar		
		(4) organizations are required to report the am	ount of grants and allocations to others,	
	the total expenses, and revenue, if any,	for each program service reported		
	(Code) (Expenses \$	566,873 including grants of \$) (Revenue \$	683,045)
		MEMBERS IN OBTAINING WO	RK, BENEFITS, AND BET	TER WORKING
C	CONDITIONS.			
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
44	Other program services (Describe in Sc	hedule O.)		
4d	Other program services (Describe in Sc) (Revenue \$)
	Other program services (Describe in Sc (Expenses \$ Total program service expenses >	hedule O.) Including grants of \$ 566,873) (Revenue \$)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	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	_	· ·	
6		5	Х	
Ü	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	i	ļ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	i	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		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		<u> </u>
_	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			
2-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
Z a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 1	v
h	Schedule D, Parts XI and XII Was the excapitation included in consolidated independent cudited financial attempts for the towners 16	12a	\dashv	<u> </u>
U	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	125		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	$\overline{}$	X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	170		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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	ĺ	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Ì		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	I		
	Part VIII, lines 1c and 8a? if "Yes," complete Schedule G, Part II	18		X
9	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		X

Form 990 (2015) INTERNATIONAL BROTHERHOOD OF Part IV Checklist of Required Schedules (continued)

	•		Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ι		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	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	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	,	İ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete 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 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 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	 	
þ	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	254		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	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,	20		
	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,	7.70	7.793	
	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	200		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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, Parts II, III,			
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	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	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
••	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2015) INTERNATIONAL BROTHERHOOD OF
Part V Statements Regarding Other IRS Filings and I Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Officer in General Good Contains a response of flote to any line in this Fact v					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	امدا	2	77.8	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0	[17]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	**********	3.250
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				24300
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			274	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authon	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
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 A	Accoun	ts	1 3		
_	(FBAR)			13/3		7.33
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		Х
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	е				٠,,
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ns or		ام		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	ahoor				*** ***
-	and services provided to the payor?	joous		7a	10 /24	100
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	s		·		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		227		Jane
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	7	7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e		% ##	.37
	sponsoring organization have excess business holdings at any time during the year?			8		*******
9	Sponsoring organizations maintaining donor advised funds.				× 1	W.Z.
a b	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b	7,	<u></u>
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			841	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			24	/ `
11	Section 501(c)(12) organizations. Enter.	100			, "	9999 579
а	Gross income from members or shareholders	11a		100	8000 C	9977 - 1644
b	Gross income from other sources (Do not net amounts due or paid to other sources	7.70		⊣ ∵%		. 13
	against amounts due or received from them.)	11b				Ç.,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		v v
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			7.	~~
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		2	336
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			4.7	أبهمية	<i>j</i> 4
b	Enter the amount of reserves the organization is required to maintain by the states in which					1
	the organization is licensed to issue qualified health plans	13b	 	⊣		
C	Enter the amount of reserves on hand	13c			٥	<u> </u>
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O		14b		\
DAA				For	ա 990	(2015)

Form 990 (2015) INTERNATIONAL BROTHERHOOD OF 35-0415484 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 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 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 303 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Ь Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 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 take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed > IN
- 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) available 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 O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

KAY BOLINGER

KOKOMO

2739 N ROAD 50 EAST

765-454-0786

IN 46901

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

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

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		-		<u> </u>					<u> </u>	
(A) Name and Title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	erson	than or is both a	an from ee) the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOSEPH COX							_			
	1.00		ļ		l	l l				
EXEC BOARD MEMBER	0.00	X						0	0	0
(2) JUSTIN RHINE										_
	1.00	l			1					
EXEC BOARD MEMBER	0.00	X	<u> </u>		$oxed{oxed}$	Ш		0	0	0
(3) ERIC WILLIAMS			i			1				
	1.00	l				ΙÍ			_	
EXEC BOARD MEMBER	0.00	X	<u> </u>	<u> </u>		Ш		0	0	0
(4) JAMES R EBERLE		1			1	1				
	1.00								_	
EXEC BOARD MEMBER	0.00	X	<u> </u>	_	-	\vdash		0	0	0
(5) BRYCK ROUSH	1 00									
EXEC BOARD MEMBER	1.00	x			}	1			^	
(6) MONTI WITHYCOMBI	0.00	^	├─	-	⊢	 		0	0	0
(6) MONTE WITHTCOMB	1.00	1								
EXEC BOARD MEMBER	0.00	$ \mathbf{x} $]		ol	0	0
(7) DANE YOUNG	0.00	1	-	1	H					
(// 100110	1.00				l					
VICE PRESIDENT	0.00			x				o	0	0
(8) BILL GILLAM					t	tit				
(0,2=========	1.00					H				
TREASURER	0.00	1		x				o	0	0
(9) MICHAEL YOUNG										
• •	1.00				l	((n i	
PRESIDENT	0.00			X				0	0	0
(10) MICHAEL MILLS										
	1.00									
SECRETARY	0.00	$oxed{oxed}$		X				0	0	0
(11) WILLIAM C PERVY										
	1.00									
ASSISTANT MANAGER	0.00	<u>L</u>		X	<u></u>			0	0	0
DAA										Enm 990 (3015)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)	
	• (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	Pos check ess pe	erson	than of the both state of the	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
				8			ated				}
		.,,,									
1b c <u>d</u>	Sub-total Total from continuation shee Total (add lines 1b and 1c)							>			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
3 4 5	Did the organization list any foemployee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1 for services rendered to the organion B. Independent Contracto	rmer officer, direction complete Schede 1a, is the sum elizations greater a receive or acciganization? If "Y	ector lule of re than	or for for fortage of the second seco	suci able 0,00 ensa	o ind com 0? I	lividu pens f "Ye: n fron	al atio s," c n an	n and other compensation complete Schedule J for survey unrelated organization or	from the ch	Yes No 3 X 4 X 5 X
1	Complete this table for your fiv	e highest compe	ensa	ted i	ndep	end	ent c	ontr	ractors that received more	than \$100,000 of	
_	compensation from the organiz	zation Report co (A) business address	mpe	:nsa	uon 1	or th	іе са	ienc		in the organization's tax ye (B) tion of services	(C) Compensation
				-			,				Somporesson
	Tabel comban (Carlos et al.)		.11								200000000000000000000000000000000000000
DAA	Total number of independent or received more than \$100,000 or	contractors (inclu of compensation	fron	but the	not l orga	imite aniza	ed to ation	tnos	se listed above) who	0	Form 990 (2015)
											rom 330 (2015)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue exempt excluded from tax function under sections revenue 512-514 1a Federated campaigns 1a 634,609 **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 48,432 g Noncash contributions included in lines 1a-1f \$ 683,041 h Total. Add lines 1a-1f Program Service Revenue Busn. Code b f All other program service revenue g Total. Add lines 2a-2f Þ Investment income (including dividends, interest, 434 and other similar amounts) 434 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses Þ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn Code .044.044. 11a h All other revenue

683,475

434

0

Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, (C) Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 196,860 157,921 38,939 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,482 32,482 47,998 47,998 Other employee benefits 18,995 15,238 3,757 Payroll taxes Fees for services (non-employees): Management Legal b 2,145 Accounting 2,145 32,210 32,210 Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23,390 Advertising and promotion 23,390 36,079 36,079 Office expenses 13 Information technology Royalties 15 Occupancy 16 10,347 10,347 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 144 144 20 Interest 134,508 134,508 21 Payments to affiliates 15,967 15,967 22 Depreciation, depletion, and amortization 5,441 23 Insurance 5,441 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) **MISCELLANEOUS** 11,085 11,085 TELEPHONE 9,186 9,186 b OFFICER'S DUES 8,620 8,620 c 7,748 7,748 AUTO EXPENSE All other expenses 16,364 16,364 566,873 609,569 42,696 Total functional expenses. Add lines 1 through 24e 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2015) INTERNAT

£, ₽ 84	art/ v	My Balance Sneet	····			
		Check if Schedule O contains a response or note	to any line in this Part X	<u> </u>		
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		419,810	1_	501,617
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		***************************************	4	***************************************
ļ	5	Loans and other receivables from current and former offi	icers, directors,			
		trustees, key employees, and highest compensated emp	oloyees.		72.25	//////////////////////////////////////
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers		49. T		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		nd s oh	thing industry the state of the	
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary	COCC in Mallia Miller in the contract of the c	. 20. V	
sts		organizations (see instructions) Complete Part II of Scho	edule L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	r .		9	
	10a	Land, buildings, and equipment cost or			100	
		other basis. Complete Part VI of Schedule D	10a 108,196			
	b	Less: accumulated depreciation	10b 75,919	48,244	10c	32,277
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	S)	468,054	16	533,894
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	f Schedule D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21	***************************************
es	22	Loans and other payables to current and former officers,	directors,	Militaria (M. Militara (M.		243
		trustees, key employees, highest compensated employe	es, and		the si	rani alii sa il Aliiliiliiliilii
Liabilities		disqualified persons. Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa		1	24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		8,066	25	
	26	Total liabilities. Add lines 17 through 25	ael	8,066	26	0
ဖ		Organizations that follow SFAS 117 (ASC 958), check	there ▶ X and	Control of Carlot	1.8	
ဦ		complete lines 27 through 29, and lines 33 and 34.		753846 (13.5) 75466	المسلمة	le autant per la le 18 Nota de la 18
alar	27	Unrestricted net assets		459,988	27	533,894
Ä	28	Temporanly restricted net assets			28	
5	29	Permanently restricted net assets			29	**************************************
F		Organizations that do not follow SFAS 117 (ASC 958)), check here ▶ 🔃 and			
Net Assets or Fund Balances		complete lines 30 through 34.				The Children of the FAMILIA
336	30	Capital stock or trust principal, or current funds	. f		30	
ا≱	31	Paid-in or capital surplus, or land, building, or equipment			31	
ž	32	Retained earnings, endowment, accumulated income, or	other funds	450 000	32	F22 004
	33	Total hebities and got speed for displaces		459,988	33	533,894
	34	Total liabilities and net assets/fund balances		468,054	34	533,894

om	1 990 (2015) INTERNATIONAL BROTHERHOOD OF 35-0415484			Pag	ge 12
Pa	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	6	83,4	4 75
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	09,5	569
3	Revenue less expenses. Subtract line 2 from line 1	3		73,9	906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	59,9	988
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5	33,8	894
Pa	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 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				2
	Schedule O.		290		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		140		
	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				
	separate basis, consolidated basis, or both				(Onto
	Separate basis Consolidated basis Both consolidated and separate basis				Meis
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			[]	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	1 1	
	If the organization changed either its oversight process or selection process during the tax year, explain in		W. W		***************************************
	Schedule O.				er Salat
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[" /"]	e- mm
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- 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.

If the organization answered "Yes," on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III.

If the organization answered "Yes," on 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," on 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

Nam	e of organization	INTERNATIONAL B	ROTHERHOOD OF		Employer ident	Employer identification number			
		ELECTRICAL WORK	ERS LOCAL 873		35-04154	84			
Pa	rt I-A Comp	lete if the organization i	s exempt under section	1 501(c) or is a secti	ion 527 organization	n.			
1	Provide a descrip	tion of the organization's direct a	ind indirect political campaign	activities in Part IV					
2	Political expenditi	ures			▶ \$	31,810			
3	Volunteer hours				1	20			
Pa	nt I-B Comp	olete if the organization i	s exempt under section	n 501(c)(3).					
1	Enter the amount	of any excise tax incurred by the	e organization under section 4	955	▶ \$				
2	Enter the amount	of any excise tax incurred by or	ganization managers under se	ction 4955	▶ \$				
3	If the organization	n incurred a section 4955 tax, dic	it file Form 4720 for this year	?		Yes No			
4a	•					Yes No			
	If "Yes," describe								
*************		olete if the organization i			tion 501(c)(3).				
1		directly expended by the filing o	rganization for section 527 exe	empt function					
	activities				▶ \$				
2		of the filing organization's funds	contributed to other organizat	ions for section		40.000			
	527 exempt funct				▶ \$	10,000			
3		ction expenditures. Add lines 1 a	nd 2. Enter here and on Form	1120-POL,		10 000			
	line 17b				▶ \$	10,000			
4	• •	nization file Form 1120-POL for	•			Yes 🗓 No			
5		addresses and employer identifi		. •	•				
	-	e payments For each organizati	•	• •					
		itical contributions received that			-				
	as a separate seg	gregated fund or a political action							
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
					funds If none, enter -0-	promptly and directly			
						delivered to a separate			
				,		political organization If none, enter -0-			
(1)	IBEW		WASHINGTON						
!	900 SEVENTH	STREET, N.W.	DC 20001		10,000				
(2)									
(3)									
(4)									
(5)									
(6)									
For P	Paperwork Reductio	n Act Notice, see the Instructions	for Form 990 or 990-EZ.		Schedule C /Fo	rm 990 or 990-F7) 201			

che	dule C (Form 990 or 990-EZ) 2015 INT	ERNATIONAL E	BROTHERHOOD	<u> </u>		<u>35-041548</u>	4	Page 2
Rá	rt II-A Complete if the organ	nization is exemp	t under section 5	01(c)(3) an	d filed	Form 5768 (el	ection	under
	<u>section 501(h)).</u>		<u></u>					
١ (Check ▶ ☐ if the filing organiza						oup mei	mber's
	name, address, EI					,		
3 (Check ▶ ☐ if the filing organiza	tion checked box	A and "limited con	trol" provisio	ns app	oly.	_	
		obbying Expendit				(a) Filing	-) Affiliated
	(The term "expenditures				orga	anization's totals	gı	roup totals
	Total lobbying expenditures to influence							
	Total lobbying expenditures to influence	-	ect lobbying)				_	
	Total lobbying expenditures (add lines 1	a and 1b)						
	Other exempt purpose expenditures							
	Total exempt purpose expenditures (add	,						
f	Lobbying nontaxable amount Enter the	amount from the follow	ving table in both					
_	columns.	- 	-		*********	······································		····
ŀ	If the amount on line 1e, column (a) or (b)		ntaxable amount is:			The Sold Car		
ŀ	Not over \$500,000	20% of the amoun	nt on line 1e				in 149	48 May 1911 S
ŀ	Over \$500,000 but not over \$1,000,000		% of the excess over \$50					
ŀ	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0				627	
ŀ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000				
	Over \$17,000,000	\$1,000,000	- <u>-</u>			<u> </u>	Cherry S	<u> </u>
_	Grassroots nontaxable amount (enter 25							
h	Subtract line 1g from line 1a If zero or le							
i	Subtract line 1f from line 1c. If zero or le	•				i		
j	If there is an amount other than zero on	either line 1h or line 1i	, did the organization f	ile Form 4720				
	reporting section 4911 tax for this year?							Yes No
		4-Year Averag	ing Period Under s	ection 501(h	1)			
	(Some organizations that ma	ide a section 501(h) election do not h	ave to comp	lete all	of the five colu	mns bel	ow.
		See the separate i	nstructions for line	es 2a throug	h 2f.)			
		obbying Expendite	ures During 4-Year	Averaging F	Period		-	
	Colondor year (or fined year					<u></u> ;		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 201	4	(d) 2015		(e) Total
								_
2a	Lobbying nontaxable amount							· -
b	Lobbying ceiling amount	77:14.37.00		144000 1 1 1		des de Maria	7'8' (*)	
	(150% of line 2a, column(e))			(1990an)				
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount	7 79.77.	(7976.55	7///	1.58	7.6	
	(150% of line 2d, column (e))	Maring Sall		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			7/1/	
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2015

a Current year

b Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

Taxable amount of lobbying and political expenditures (see instructions)

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 group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE C, PART I-A, LINE 1

CONTRIBUTIONS TO CANDIDATES AND ASSISTANCE OF VOLUNTEERS IN CAMPAIGN ACTIVITIES

2c

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047

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

Open to Public Inspection

	of the organization	Employer i	Employer identification number		
	NTERNATIONAL BROTHERHOOD OF				
	LECTRICAL WORKERS LOCAL 873			415484	
P;	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		ccount	s.	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that	it the assets held in donor advised			
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in	wnting that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose			
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No	
®P.	Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.			
1	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 impor	tant land	l area	
	Protection of natural habitat	Preservation of a certified historic	structure	•	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conserv			
	easement on the last day of the tax year.		2 6.73	Held at the End of the Tax Year	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure inc	` ,	2c		
d	Number of conservation easements included in (c) acquired after 8/17	06, and not on a			
	historic structure listed in the National Register		_2d		
3	Number of conservation easements modified, transferred, released, extax year ▶	dinguished, or terminated by the organization	on dunng	the	
4	Number of states where property subject to conservation easement is	located >			
5	Does the organization have a written policy regarding the periodic more	itoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing conservation eas	sements	dunng the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of vio ▶ \$	lations, and enforcing conservation easeme	ents duni	ng the year	
8	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	
9	In Part XIII, describe how the organization reports conservation easem	ents 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 des	scribes t	he	
	organization's accounting for conservation easements				
P	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		imilar <i>i</i>	Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and ba	alance sh	neet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of		
	public service, provide, in Part XIII, the text of the footnote to its finance	ial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and baland	ce sheet		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of		
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$	
	(ii) Assets included in Form 990, Part X		•	\$	
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, prov	ide the		
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.			
а	Revenue included on Form 990, Part VIII, line 1		>	\$	
<u>b</u>	Assets included in Form 990, Part X			\$	

Sche	edule D (Form 990) 2015 INTERNAT	IONAL BE	ROTHERH	OOD OF		35-0	415484	Page 2			
P	art III Organizations Maintaini	ng Collection	ns of Art, H	listorical Ti	reasures,	or Othe	r Similar Asset				
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other	records, check	any of the fol	lowing that a	ire a signifi	cant use of its				
а	Public exhibition	c	Loan or	exchange pro	grams						
b	Scholarly research	•	Other	•	•						
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
	XIII										
5	During the year, did the organization solicit	or receive dona	ations of art, hi	storical treasu	res, or other	similar					
	assets to be sold to raise funds rather than	i to be maintaine	ed as part of th	ie organization	's collection	?		Yes No			
∂P β	Part IV Escrow and Custodial Arrangements.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo	dian or other int	ermediary for	contributions of	or other asse	ts not					
	ıncluded on Form 990, Part X?										
b	b If "Yes," explain the arrangement in Part XIII and complete the following table										
								Amount			
	Beginning balance						1c				
d	Additions during the year						1d				
8	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on					•		∐ Yes ∐ No			
	If "Yes," explain the arrangement in Part X	II Check here if	the explanation	on has been pr	rovided on P	art XIII					
& 1550 4	Endowment Funds.		"Yoo" - -	000 D-		40					
	Complete if the organization				1			···			
4.		(a) Current yea	ar (b) Pnor year	(c) Two ye	ars back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance							-			
D	Contributions										
С	Net investment earnings, gains, and										
a	losses Grante er cabalambina										
u o	Grants or scholarships Other expenditures for facilities and										
•	·										
	programs Administrative expenses							 			
	End of year balance										
2	Provide the estimated percentage of the cu	irrent vear end h	palance (line 1	o column (a))	held as						
	Board designated or quasi-endowment	% « « « « « « « « « « « « « « « « « « «	odianos (inte-r	g, column (a))	noid as						
b											
c	Temporanly restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sl		%								
За	Are there endowment funds not in the poss	•		t are held and	administere	d for the					
	organization by							Yes No			
	(i) unrelated organizations							3a(i)			
	(ii) related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the related organ	zations listed as	s required on S	Schedule R?				3b			
4	Describe in Part XIII the intended uses of t	he organization's	s endowment	funds							
äP.	Land, Buildings, and Eq	uipment.									
	Complete if the organization	on answered	"Yes" on Fo	rm 990, Pa	rt IV, line	11a See	Form 990, Par	t X, line 10.			
	Description of property	(a) Cost o	or other basis	(b) Cost or o	ther basis	(c) A	ccumulated	(d) Book value			
		(inve	estment)	(othe	er)		preciation				
1a	Land										
b	Buildings				<u>16,365</u>		6,627	9,738			
C	Leasehold improvements							·			
	Equipment				39,111		21,364	17,747			
	Other			•	52,720	L	47,928	4,792			
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Part X, colu	mn (B), line 10)c.)		<u>▶</u>	32,277			

OCHEGOR D (I	0111 930/2013 211 = 10111 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.002 0.		1 age
Part VII	Investments—Other Securities.	. 5	441 0 5 000 5	W II 40
	Complete if the organization answered "Yes" or			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	ilket value
(1) Financial (
	eld equity interests	-	-	····
(3) Other			-	
(A)				
(B)				
(C)				
(D)				
(E)		-		·
(F) (G)				
(U)				
	n (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII	Investments—Program Related.	_1	VIII. 15	<u> </u>
· 2005 200 200 200 200 200 200 200 200 20	Complete if the organization answered "Yes" or	n Form 990 Part IV II	ne 11c. See Form 990. Part	X line 13
	(a) Description of investment	(b) Book value	(c) Method of valu	
	•	(-,	Cost or end-of-year ma	
(1)	-	<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<u> </u>
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	<u>ne 11d. See Form 990, Part</u>	X, line 15.
	(a) Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<u>.</u>
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
*/****************************	Complete if the organization answered "Yes" or	ne 11e or 11f See Form 00	∩ Part Y	
	line 25.	Troini 990, Fait IV, ii	ne rie or rii. See roini 99	U, Fait A,
1.	(a) Description of liability	(b) Book value	\$ - \$200 9 40956 \$300 parts at 1	
	income taxes	(0) 2001 1010		
(2)	income taxes			
(3)		1		K. M. W. William 2
(4)		- 		- 17, 17,000
(5)				
(6)				
(7)				
(8)				26 % (24)
(9)				¥43/94 w
	(b) must equal Form 990, Part X, col. (B) line 25.)			

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.

. . .

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.

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

OMB No 1545-0047

2015

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 873 Employer identification number 35-0415484

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERSHIP IS MADE UP OF ELECTRICIAN JOURNEYMEN, TECHS, AND APPRENTICES IN A SIX COUNTY AREA.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE TOTAL MEMBERSHIP ELECTS OFFICERS, DIRECTORS, AND BUSINESS MANAGER AND HAVE VOTING RIGHTS AT ALL MEETINGS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BUSINESS MANAGER AND THE OFFICERS PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.