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SCANNED JUN 3 2 2015

Department of the Treasury Internal Revenue Service

₽.

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

▶ 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

<u>A</u>	For the	2015 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	ation number
	applicable	INTERNATIONAL BROTHERHOOD OF ELECTRIC	AΤ,		
Г	Addres	WORKERS LOCAL NO. 649			
F	Name Change			37 0	17200
\vdash	Initial				347380
<u> </u>	return Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	1	
L	/return/	3945 HUMBERT ROAD		(618)	
	termin ated			G Gross receipts \$	<u>1,108,393.</u>
L	Ameno	ALION, IL 62002		H(a) Is this a group re	tum
	Applic	F Name and address of principal officer		for subordinates?	Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? X Yes No
ī	Tax-exe	empt status.	or 527	7	ist. (see instructions)
_		e: ► IBEW649.ORG	<u> </u>	H(c) Group exemption	,
		organization: X Corporation	I Voor		State of legal domicile: IL
	art I	Summary	IL TEAL	Oriomianon. 1303 M	State of legal dofincile. 111
_	 _		TATTITAT	T MO ENGLIDE T	MDDOWED
Activities & Governance		Briefly describe the organization's mission or most significant activities CONDITITIONS EDUCATION AND TRADATIONS TO THE TRADE			
Jan		CONDITIONS, EDUCATION, AND TRAINING IN T			
ē	1	Check this box If the organization discontinued its operations or dispose Check this box	sed of mor	e than 25% of its net as:	
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	22
~ જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2015 (Part V. line 2a)		5	15
ξ	6	Total number of volunteers (estimate if necessary) RECEIVED		6	15
Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Q		Net unrelated business revenue from Part VIII, column (C), line 12		7b	0.
		8 WAY 1 8 2016 [3]		Prior Year	Current Year
4.	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	\vdash	972,545.	914,821.
ě	10				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	11,682.	12,251.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	45,047.	<u>36,287.</u>
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,029,274.	<u>963,359.</u>
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	168,998.	170,006.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	676,353.	<u>680,491.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
×	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,603.	197,151.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,085,954.	1,047,648.
	19	Revenue less expenses. Subtract line 18 from line 12		-56,680.	-84,289.
9			В	eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		1,121,189.	1,037,342.
ASS	21	Total liabilities (Part X, line 26)	-	6,472.	6,914.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	1.114.717.	1,030,428.
	art II	Signature Block	<u> </u>	1,114,1110	1,030,420.
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedule	c and ctaton	nents, and to the heat of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellei, it is
	, 001100		non prepare	1 - 1 - 7	1 /
O! -	'	Synature of officer			2016
Sig		I = I = I = I = I = I = I = I = I = I =	- 7 .		
He	re	CHARLES A. YANCEY BUSINESS MANAGER A.	ND LIV	IANCIAL SECRE	MARY
		Type or print name and title		B-4-	- 1 - 6-mi
_	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	đ	JENNA ANDRES CPA Quena Anches	CPA	04/25/16 self-employe	
Pre	parer	Firm's name SCHEFFEL BOYLE Sch	shel B	Firm's EIN	37-1206530
Use	Only	Firm's address 322 STATE ST	TV T	/	
		ALTON, IL 62002-6135		Phone no. (6	L8) 465-4288
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Form 990 (2015) WORKERS LOCAL NO. 649 37-0347380 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 \$ _____ including grants of \$ ____ ______) (Revenue \$ (Code ______) (Expenses \$ ______ including grants of \$ _____) (Revenue \$ ______) (Revenue \$ _____ (Code _____) (Expenses \$ _____ including grants of \$ ____ 4d Other program services (Describe in Schedule O) (Revenue \$ (Expenses \$ including grants of \$

Form **990** (2015)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

4e Total program service expenses ▶

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Form 990 (2015) WORKERS LOCAL NO. 649

Part JV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
	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	_	v	
	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	_	v	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	X	
Ü	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,	•		Λ_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D. Part III	8		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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		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			
	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
a	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	77	Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
'	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	444	v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
	Schedule D. Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	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			7.
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19 Form	990	(2015)

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Form 990 (2015) WORKERS LOCAL NO. 649

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
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		
21	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		ŀ	
	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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	ļ	
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).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
00	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			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
31	If "Yes," complete Schedule N. Part I	24		.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	<u> X</u>
~_	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	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	- 50		
	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?	<u> </u>		<u></u> -
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		•		(2015)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Form 990 (2015) WORKERS LOCAL NO. 649 37-0347380 Part V Statements Regarding Other IRS Filings and Tax Compliance 'Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 2 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 15 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a 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) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a 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 Х 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

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

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

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

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b | 13c | 14a | X

13a

14h

12b

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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			X
<u>Sec</u>	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	1		
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	''a	-21	
-	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	"	- 1	
а	The governing body?	00	х	i
	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	Λ	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		Λ
	The second of this decire by the internal neverties of the internal neverties dode		Yes	Al-
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		4
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	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	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	Α	
Ť	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	150	х	
h	Other officers or key employees of the organization	15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
4	taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	466		
Sec	tion C. Disclosure	16b]	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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)	avoda!		
	for public inspection. Indicate how you made these available. Check all that apply	availat	il e	
10		6	1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the toy year.	ınan	cial	
20	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:		_	
	CHARLES A. YANCEY - (618) 462-1627 3945 HIMBERT ROAD ALTON II. 62002		_	

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

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

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

- 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

Check this box if neither the organize	-	orga	nıza			npei	nsat			
(A)	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		يو	Suad		(W-2/1099-MISC)		organization
	organizations below	ual fr	lonal	ŀ	l gi	E cel				and related
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TERRY L. SHEWMAKE	50.00	_	_	Ĭ	_		_			
ASST. BUS. MGR.		X		X				106,530.	0.	47,918.
(2) MARK W. WOULFE	2.00									
PRESIDENT		X		X				2,567.	0.	0.
(3) ALAN RUBENSTEIN	50.00									
ORGANIZER		X		Х				105,792.	0.	47,896.
(4) PHILLIP L. DAVIDSON	2.00									
VICE PRESIDENT		X		X				426.	0.	0.
(5) STEVEN R. NAYLOR	2.00	1					Ì			
RECORDING SECR.		X		X				1,937.	0.	0.
(6) DANIEL DAINE	1.00			ĺ						
EXECUTIVE BOARD		X						0.	0.	0.
(7) CHARLES A. YANCEY	50.00									
BUSINESS MGR		X	_	X		ļ		109,233.	0.	47,889.
(8) SCOTT D. WAGNER	1.00									
EXECUTIVE BOARD		X	_		<u> </u>	ļ		0.	0.	503.
(9) RON G. MILLER	1.00								_	
EXECUTIVE BOARD		X	ļ					0.	0.	465.
(10) JOHN M. GOTTLOB	1.00	ļ							_]	
EXECUTIVE BOARD	1 00	X		_	_	_	<u> </u>	0.	0.	39.
(11) M. TIM WENSE	1.00							_		
EXECUTIVE BOARD	1 00	X		_			_	0.	0.	503.
(12) JEFFREY HEFLIN	1.00	.						_	0	0
EXECUTIVE BOARD	1.00	X		<u> </u>				0.	0.	0.
(13) RICK L. KESSINGER	1.00	X						0.	•	0
EXECUTIVE BOARD	1.00	^		 	 		-	0.	0.	0.
(14) JOE E. ELLIOTT	1.00	X						0.	0.	0
EXECUTIVE BOARD (15) ROBB A. RIDENOUR	1.00	┢			-	_	\vdash	0.	0.	0.
EXECUTIVE BOARD	1.00	X						0.	0.	0.
(16) PETE L. DOCHWAT	1.00	A			 	 			<u> </u>	<u> </u>
EXECUTIVE BOARD	1.00	X						0.	0.	349.
(17) DAVID W. MAHANAY	1.00	1			· · ·	-		 	0.	<u> </u>
EXECUTIVE BOARD	2,00	x						0.	0.	0.
			<u> </u>	<u>'</u>		Ь				<u></u>

Part VII Section A. Officers, Directors, Trus	(B)	<u>ر د</u>			C)	<u> </u>	((D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated			ed
Wallio and the	hours per		not c					1	compensation	1		nount	
	week	offi	cer ar	nd a d	irecto	or/trus	tee)		from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	trustee or director	gg			ated		organization	(W-2/1099-MIS	C)		om the	
	related organizations	stee	frustee	1		bens		(W-2/1099-MISC)				anızati	
	below	la fr	Institutional		Key employee	Highest compensated employee						d relati anızatı	
	line)	Individual	str	Officer	ey em	ghes	E E				Olga	ııızaıı	בווכ
(40)	1.00	=	 =	٦	¥	 = 0	1	 					
(18) ALAN H. UZZELL	1.00	x						0.		0.			0.
EXAMINING BOARD	1.00	^	╁	1	-	┼	-			٠.			<u> </u>
(19) MICHAEL D. SHEWMAKE	1.00	x			l			0.		0.			0.
EXAMINING BOARD	1.00	Α.		├	╁	1	-	U •		0.			<u> </u>
(20) DANIEL K. MANDORCA	1.00									^			Λ
EXAMINING BOARD	1.00	X	+	-	├	-	\vdash	0.	· · · · · -	0.			0.
(21) DAVID B. WISEMAN	1.00	١.,					ĺ			^			^
EXAMINING BOARD	1 00	X	ļ	-	<u> </u>	-	ļ	0.		0.			0.
(22) R. TIM WIECKHORST	1.00	┨								_			•
TREASURER		X	-	X	<u> </u>	<u> </u>	-	2,091.		0.			0.
(23) DAVID C. BURNS	1.00											_	
EXECUTIVE BOARD		X	<u> </u>	<u> </u>	_	├	-	0.	 	0.		1	94.
		4											
			<u> </u>	<u> </u>	<u> </u>	ļ	_						
		1	1										
		ļ	<u> </u>	<u> </u>		ļ <u>.</u>	L						
		<u> </u>		<u> </u>			L						
1b Sub-total								328,576.		0.	14	5,7	
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							▶	328,576.		0.	14	5,7	<u>56.</u>
2 Total number of individuals (including but in the control of	not limited to th	nose	liste	ed a	bov	e) w	ho i	received more than \$100	,000 of reportable	•			
compensation from the organization									·				<u>3</u>
												Yes	No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n an	d of	ther compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J	for such individual			4	Х	1
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	any	y un	rela	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," con	nplete Schedui	le J	f <u>or s</u>	uch	per	son		-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization. Report compensation for													
(A)				_				(B)			10)	
Name and business	address	N	ON:	Е				Description of s	ervices	C		nsatio	n
					-		_						
		_											
									1				
					-								
2 Total number of independent contractors	(including but r	not I	ımıte	ed to	the	se l	ste	d above) who received m	ore than		-		
\$100,000 of compensation from the organ	-	.5.1	.,			0	J.6	a above, who received it					
w roo, oco or compensation from the organ			_									000 /	

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Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts Federated campaigns 1a 1 a Membership dues 1b Fundraising events 1c Related organizations 1d Contributions, (and Other Simil Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 914,821. 900099 914,821. Program Service Revenue 2 a MEMBERSHIP DUES & ASSE f All other program service revenue 914,821. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 3 15,688. 15,688. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ı) Real (II) Personal 44,000. 6 a Gross rents 0. b Less: rental expenses 44,000. c Rental income or (loss) 44,000. 44,000. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 132,403. 22. b Less' cost or other basis 135,862 0. and sales expenses -3,459. 22. c Gain or (loss) -3,437.-3,437.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,459 and allowances а 9.172. b b Less: cost of goods sold -7,713.-7.713. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 963,359. 12 Total revenue. See instructions. 907,108. 0. 56,251

Form 990 (2015)

WORKERS LOCAL NO. 649

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Part IX | Statement of Functional Expenses

sect	ion 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
Ωο.	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	170,006.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	474,332.			
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	138,032.			
8	Pension plan accruals and contributions (include				1
	section 401(k) and 403(b) employer contributions)	25,455.			
9	Other employee benefits				
10	Payroli taxes	42,672.			
11	Fees for services (non-employees)				
а					
	Legal				
	Accounting	17,240.			
	Lobbying	16,700.			
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 O.)				
12	Advertising and promotion	5,388.			
13	Office expenses	18,406.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 722			
19	Conferences, conventions, and meetings	10,722.			
20 24	Interest Payments to affiliates				<u> </u>
21 22	Depreciation, depletion, and amortization				
22 23	Insurance	10,938.			
23 24	Other expenses, Itemize expenses not covered	10,930.			
24	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.)				
9	REAL ESTATE TAXES	35,996.			
	DUES & SUBSCRIPTIONS	16,023.			
	REPRESENTATIONAL ACTIVI	14,121.			
d		11,373.			
	All other expenses	40,244.			
25	Total functional expenses. Add lines 1 through 24e	1,047,648.	 _		
<u>25</u> 26	Joint costs. Complete this line only if the organization	T10411040*			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (following SOP 98-2 (ASC 958-720)	}			

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Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 3,050. 3,988. 1 Cash · non-interest-bearing 549,831. 2 415,695. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see 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 568,308. 617,659. 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 1,121,189 037,342 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 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 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 6,472. 6,914. Schedule D 25 6.472. 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 > X and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 1,114,717. 1,030,428. Retained earnings, endowment, accumulated income, or other funds 1,114,717. 1,030,428. 33 Total net assets or fund balances 33 1,121,189. 1,037,342. Total liabilities and net assets/fund balances

	990 (2015) WORKERS LOCAL NO. 649	<u> 37-(</u>	<u>0347380</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check of 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			59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,047	7,6	<u>48.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,114	1,7	<u>17.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,030	, 4	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				1
	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 separat	e basıs,			
	consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ĺ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil		it		
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		1

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.

OMB No 1545-0047

Open to Public Inspection

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.

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

• Section 5	01(c)(4), (5), or (6) organiza	tions. Complete Part III.			
Name of orga		TIONAL BROTHERHO	OD OF ELECT	RICAL En	nployer identification number
	WORKERS	LOCAL NO. 649			37-0347380
Part I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
	expenditures	zation's direct and indirect politic	al campaign activities	_	*\$
Part I-B	Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1 Enter the	e amount of any excise tax	incurred by the organization und	der section 4955	>	\$
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 495	5	^ \$
3 If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a c	orrection made?				Yes No
	describe in Part IV	· · · · · · · · · · · · · · · · · · ·			
Part I-C	Complete if the org	ganization is exempt und	ler section 501(c)	, except section 50)1(c)(3).
1 Enter the	e amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2 Enter the	amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
exempt	function activities			•	\$
3 Total ex	empt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	•	
line 17b				•	*\$
4 Did the f	iling organization file Form	1120-POL for this year?			Yes X No
5 Enter the	e names, addresses and er	nployer identification number (El	N) of all section 527 p	olitical organizations to w	hich the filing organization
	=	tion listed, enter the amount par			<u>-</u>
		omptly and directly delivered to additional space is needed, prov			arate segregated fund or a
Political					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-	contributions received and promptly and directly delivered to a separate political organization.
					If none, enter -0
SEE ATT	ACHED				0. 16,700.
	·				
					
		1			

Schedule C (Form 990 or 990-EZ) 2015 W	ORKEI	RS LOC	AL NO. 649	n 501(c)(3) and file	37-0	0347380 Page 2
section 501(h)).	ZaliU	II IS CACI	inpruniusi sectio	and the	,a i oiiii 0700 (Ciccion ander
	on belond	is to an affi	liated group (and list ii	n Part IV each affiliated (group member's na	me, address, EIN.
expenses, and share				s.r.r. seeri alimatod (g sp	,
. —			nd "limited control" pr	vlane enoisivo		
Limite	on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
4 - Total Jahanna ayaandturaa ta mfin		o opinion (areas roots (abbuma)			-
1a Total lobbying expenditures to influe	•					
b Total lobbying expenditures to influe			ay (direct lobbying)	-		
c Total lobbying expenditures (add lin		1 10)		}		
d Other exempt purpose expenditures		. 4 4 .	Λ	}		
e Total exempt purpose expenditures				hb aak		
f Lobbying nontaxable amount Enter						
If the amount on line 1e, column (a) or	(0) 18:		bying nontaxable am			
Not over \$500,000	000		the amount on line 1e			
Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000			
	OF0/					
g Grassroots nontaxable amount (ent		•		<u>}</u>		
h Subtract line 1g from line 1a If zero	•			}	_ 	
i Subtract line 1f from line 1c. If zero	•		Para de alcalaba a conserva		 	
j If there is an amount other than zero		r line 1n or	line 11, did the organiz	ation file Form 4/20		— —
reporting section 4911 tax for this y		4 7/ 4				Yes No
(Some organizations th	at made a	section 5	eraging Period Unde 01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						ļ
e Grassroots ceiling amount						
(150% of line 2d, column (e))	 -			ļ		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

INTERNATIONAL BROTHERHOOD OF ELEC Schedule C (Form 990 or 990-EZ) 2015 WORKERS LOCAL NO. 649 Part II-B. Complete if the organization is exempt under section 501(c)(3) and have delection under section 501(h)).		37-0	3 <u>47380</u> 1 5768	Page 3
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
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 1i 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 by organization managers under section 4912 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)(4).	on 501(c)	(5), or se	ction	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 2	Yes	No X X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 	al	1	914	,821.

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	16,700.
b	Carryover from last year	2b	91,309.
C	Total	2c	108,009.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	108,009.
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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
D			

Part IV	Supplemental Information
---------	--------------------------

ons), and Part II-B, line 1	Also, complete this part to	r any additional inform	ation	
				

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.

► 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 WORKERS LOCAL NO. 649

Employer identification number 37-0347380

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(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 the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e g , recreation or	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st		2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >	.	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · ·	<u></u>
_	violations, and enforcement of the conservation easements		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year
-		allow and the state of the stat	
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	was satisfy the requirements of section 176	MEN (A) (D) (c)
0	and section 170(h)(4)(B)(ii)?	we satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservat	tion accoments in its revenue and evacue	Yes No
3	include, if applicable, the text of the footnote to the organization		
	conservation easements	ation's illiancial statements that describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" on Forn		7.000.01
	If the organization elected, as permitted under SFAS 116 (A		ment and halance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		area or public service, provide, in Fart XIII,
b	If the organization elected, as permitted under SFAS 116 (A:		t and halance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addation, or resourer in ratheraries of pa	ione service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	al gain provide
_	the following amounts required to be reported under SFAS 1		a gang provido
а	Revenue included on Form 990, Part VIII, line 1	v oooy routing to triede items	▶ \$
b	Assets included in Form 990, Part X		\$

		LOCAL NO.							Page 2
Ь.	, organizations maintaining c								
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that are a	significan	it use of its	collection	items
	(check all that apply)								
а	Public exhibition	C	, L	oan or exc	hange programs				
þ	Scholarly research	e	, 📙 o	ther					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how the	y further tl	ne organization's e	kempt pur	pose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the d	organizatio	n answered "Yes"	on Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.			-				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other assets n	ot include	d		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble.					
								Amount	
С	Beginning balance					1c	_		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	-						L	Yes	No
	If "Yes," explain the arrangement in Part XIII.								Ш
Pai	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" on Fo				 -	
	_	(a) Current year	(b) Pri	or year	(c) Two years back	(d) Three	e years back	(e) Four y	ears back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses					 			
	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·				<u> </u>			
е	Other expenditures for facilities								
	and programs		<u> </u>			-			
f	Administrative expenses			_		1			
9	End of year balance		L	_					
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1g	, column (a	i)) held as:				
	Board designated or quasi-endowment		%						
	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administered fo	r the orgar	nization	_	
	by.								es No
	(i) unrelated organizations							3a(i)	
L-	(ii) related organizations							3a(ii)	
4	If "Yes" on line 3a(ii), are the related organiza							3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tu	inas.					
	Complete if the organization answere		n Bart IV	lino 11a S	on Form 000 Bort	V line 10			
	Description of property				T		A = -1	4 B D l	
	резсприон от ргорелу	(a) Cost or o basis (investr	I	(b) Cost basis i	1 ' '	Accumula lepreciation		(d) Book	value
10	Land	Justa (III vesti	c.rty	Dasis	(201101)		-	•	
									
D	Buildings Leasehold improvements	-							
ن	Equipment		- +				- -		
	Other			-					
	. Add lines 1a through 1e (Column (d) must e	gual Form 900 Port	Y colum	n (P) Imo 1	00)			-	0.
1010	read mice rainiough to (Column (a) mast e	quair oiiii 330, Mail	A, COIGITII	i (ال ال الزاري) ،	UU.)				υ.

Schedule D (Form 990) 2015

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	d) (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.)	>	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL DEDUCTIONS PAYABLE	6,914.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25)	6,914.

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.

37-0347380 Page 4

Schedule D (Form 990) 2015

WORKERS LOCAL NO. 649

Schedule D (Form 990) 2015

532054 09-21-15

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 972,532. 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: Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 9,172. d Other (Describe in Part XIII) 2d Add lines 2a through 2d 9,172. e 2e 963,360. Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 0. 4c 963 360 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" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 1 1,056,376. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2¢ 9.172. Other (Describe in Part XIII) 2d e Add lines 2a through 2d 9,172. Subtract line 2e from line 1 1,047,204. 3 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 443. b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 443. 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1,047,647. 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 <u>JURISDICTIONS AND HAS PROPERLY CHARACTERIZED ALL INCOME AND EXPENSE ITEMS</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Schedule D (Form 990) 2015 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, 2012 THROUGH DECEMBER 31, 2015. THE 2015 TAX RETURN HAS NOT BEEN FILED AS OF THE DATE OF THIS REPORT. AS OF DECEMBER 31, 2015 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, 2015. PART XI, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE PART XII, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE PART XII, LINE 4B - OTHER ADJUSTMENTS: CHANGE IN PAYROLL TAX LIABILITY

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

ŀ	OCAL NO.	649					37-0347380
Part I General Information on Grants and Assistance	nd Assistance						
1 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	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	•
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for moni		of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organi	izations and Domesti	c Governments. C	omplete if the org	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	. IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II car	be duplicated if addit	ional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTL BROTHERHOOD OF ELECTRICAL WORKERS - 900 SEVENTH STREET, N.W WASHINGTON DC 20001		501(C) 5	163 853	O	Със		IBEW MANDATED CONTRIBITION
		1					
VARIOUS CHARITABLE ORG		501(C) 3	6,053.	0.	CASH		CHARITABLE CONTRIBUTION
GRANTS TO OTHER LABOR UNIONS		501(C) 5	100,	0	CASH		ASSISTANCE TO OTHER LABOR UNIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				
1	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Page 2

37-0347380

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2015) WORKERS LOCAL NO. 649

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	n.
PART	PART I, LINE 2:	
CONTRI	CONTRIBUTION IS MADE PER INTERNATIONAL MANDATED AMOUNT, MONITORING IS NOT	TC
REQUIE	REQUIRED.	

Schedule I (Form 990) (2015)

532102 10-28-15

SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Empl

WORKERS LOCAL NO. 649

Employer identification number 37-0347380

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 on 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 on 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 Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial 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)?

37-0347380

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2015

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) 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

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	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TERRY I, SHEWMAKE	9	106,530.	0	0	47,918.	0	154,448.	0
I BUS. MGR.	: 3	0	0	0	0	0.	0.	0
ALAN RUBENSTEIN	ε	105,792.	0	0	47,896.	0	153,688.	0.
9	E	• 0	• 0	• 0	0.	0	0	0
(3) CHARLES A. YANCEY	Ξ	109,233.	0	0	47,889.	0	157,122.	0
BUSINESS MGR	Ξ	0	0	0	0.	0.	0	0
	Ξ							
	: E							
	ε							
	€							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Θ							
	€							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Θ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ		4					
	(ii)							

Schedule J (Form 990) 2015

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. 37-0347380 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649 Schedule J (Form 990) 2015

Part III | Supplemental Information

Page 3

Schedule J (Form 990) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Name of the organization

532211 09-02-15

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.
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) (2015)

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	BLE UPON REQUEST.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROC	CESS OR
SELECTION PROCESS FROM THE PRIOR YEAR.	