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DLN: 93493091006356

Form **990**

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)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 ca	endar year, or tax year beginning 01-0	01-2015 , and ending 12-31-201	L5			
B Ch	eck ıf a	applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTION	RICAL		D Emplo	yer identii	ication number
Add	tress ch	hange	INTERNAL BROTHERIOOD OF ELECTI	NOTE.		45-02	23720	
Na	me cha	ange	Doing business as			-		
Init	ıal retu	ım	LOCAL UNION NO 714 IBEW			E Telepho	ne number	
— Fin	al um/ten	rmınated	Number and street (or P O box if mail is no PO BOX 1906	ot delivered to street address) Room/su	ite		852-302	
	ended		City or town state or many and a country or	d ZID on foreign north lands		(/01)	052-302	. 5
_		n pending	City or town, state or province, country, an MINOT, ND 587021906	a ZIP or foreign postal code		G Gross re	eceıpts \$ 4,	264,015
			F Name and address of principal	officer	H(a) Is th	-1 nis a group	return fo	r
			RANDY BARTSCH			ordinates?	recuiii io	□Yes 🔽 No
			125 35TH AVE NE MINOT, ND 58703			all subordı ıded?	nates	□Yes □No
							a list (se	ee instructions)
I Ta	x-exen	npt status	501(c)(3)	no)	H(c) Gro	up exempt	ion numb	er ►
J W	ebsite	e: 🟲 WW	W LOCAL714 COM					
K For	n of or	rganization	Corporation Trust Association O	her 🕨	L Year of f	ormation 19	32 M Sta	ate of legal domicile ND
	rt I		mary				·	<u> </u>
	1 B	riefly des	cribe the organization's mission or mo	est significant activities				
	Р	URPOSE	IS TO PROMOTE BY ALL PROPER N		TELLECTUA	L WELFAR	E OF THE	MEMBERS OF
œ.	<u>T</u>	HE UNIC	O N					
€								
₽	-							
Governance	2 (Check th	is box 🚩 if the organization disconti	nued its operations or disposed o	f more than ?	25% of its	net asset	:s
	3 1	Number	of voting members of the governing bo	dy (Part VI line 1a)			з	7
Activities &			of independent voting members of the				4	6
Ĭ			nber of individuals employed in calend			5	25	
Ş			nber of volunteers (estimate if necess				6	0
	7a 🗆	Total unr	elated business revenue from Part VI	I, column (C), line 12			7a	0
	ЬN	let unrela	ted business taxable income from For	m 990-T, line 34			7b	0
					Pri	or Year		Current Year
gı.	8		butions and grants (Part VIII, line 1h			3,390		0
šini	9		m service revenue (Part VIII, line 2g			4,056,690		3,449,312
Revenue	10		ment income (Part VIII, column (A),			224,9		700,052
	11		revenue (Part VIII, column (A), lines evenue—add lines 8 through 11 (mus			13,4		17,284
	12	12)	evenue add mes o through 11 (mas	e equal traite vill, column (A), m		4,298,520		4,166,648
	13	Grants	and similar amounts paid (Part IX, co	olumn (A), lines 1-3)		22,2	290	30,040
	14	Benefi	ts paid to or for members (Part IX, col	umn (A), line 4)	•		0	0
Ø	15	Saları 5–10)	es, other compensation, employee ben	efits (Part IX, column (A), lines		561,064		669,413
ě	16a	•	sional fundraising fees (Part IX, colur	nn (A), line 11e)			0	0
Expenses	ь		ndraising expenses (Part IX, column (D), line 2					
لت	17		expenses (Part IX, column (A), lines :	•		881,2	233	852,865
	18		expenses Add lines 13–17 (must equ			1,464,5		1,552,318
		Reven	ue less expenses Subtract line 18 fro		2,833,9	933	2,614,330	
	19					2,033,.		
s of rces	19					of Current	Year	End of Year
secons sences			assets (Part X. line 16)			of Current \		
t Assets or rd Balances	20 21	T otal a	assets (Part X, line 16)				565	End of Year 18,187,931 96,929
Net Assets or Fund Balances	20	Total a	essets (Part X, line 16)			of Current \	723	18,187,931
Pai	20 21 22	Total a Total I Net as Sign	sets or fund balances Subtract line 2 ature Block		Beginning	of Current \\ 15,926,6 151,7 15,774,9	565 723 942	18,187,931 96,929 18,091,002
Par Unde my ki	20 21 22 rt II r pena nowled	Total a Total I Net as Sign alties of I	sets or fund balances Subtract line 2 ature Block perjury, I declare that I have examine pelief, it is true, correct, and complete		Beginning .	of Current \\ 15,926,6 151,7 15,774,9	565 723 942 tements,	18,187,931 96,929 18,091,002 and to the best of
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Firm's address F POST OFFICE BOX 848

MINOT, ND 587020848

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Phone no (701) 852-0196

. ▼Yes □No

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission TO PROMOTE BY ALL PROPER MEANS THE MATERIAL AND INTELLECTUAL WELFARE OF THE MEMBERS OF THE UNION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 16 "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 17 Services? 18 PNo 17 Services? 19 Describe these changes on Schedule O 4 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 4a (Code) (Expenses \$ 30,040 including grants of \$) (Revenue \$ 32,765) DEATH BENEFIT FUND - TO PROVIDE BENEFITS TO THE BENEFICARIES OF DECEASED UNION MEMBERS 4b (Code) (Expenses \$ 553,800 including grants of \$) (Revenue \$ 3,416,607) INDUSTRY PROMOTION - WAGE SUBSIDIES PROVIDED TO UNION MEMBERS AND OTHER PROMOTIONAL EXPENSES 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	Form	990 (2015)					Page
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	1	Briefly describe t	the organization's mission	1			
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		(Expenses \$	ınc	luding grants of \$)	(Revenue \$)
4e Total program service expenses \ 583,840	4e	Total program s	ervice expenses 🗠	583,840			

Form 990 (2015)		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 \square	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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			No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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 $2 \cdot \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	eneck in Schedule & contains a response of note to any line in this fart V 1 1 1 1 1 1	• •	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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)?	4a		No
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7a 7b		INO
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7.0		
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
h	required?	7g 7h		
8	Form 1098-C?	711		
	during the year?	8		
	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? Section 501(c)(7) organizations. Enter	9b		
	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			
	Gross income from members or shareholders			
U	against amounts due or received from them)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Vee " has it filed a Ferm 730 to report these payments 3 ff "Ne " avoude an evaluation in Cabadula O	1.46		1

Part VI	Governance.	, Management, and Disclosure	
	OO TOLLIGITOO,	, i lanagement, ana biselosai e	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management	•	• •	~
36	ction 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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		Νo
L4	Did the organization have a written document retention and destruction policy?	14		Νo
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	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		No
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?			
<u> </u>		16b		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed.			
L/	List the States with which a copy of this Folling to be lied in the media.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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 ▶RANDY BARTSCH 125 35TH AVE NE MINOT, ND 58703 (701) 852-3025

Form **990** (2015)

Part VII

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

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, or 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) ROBERT WOLF PRESIDENT/EXECUTIVE BOARD	44 00	x		х				110,320	0	21,369
(2) NATHAN FAGERLAND VICE PRESIDENT	0 50	х		х				2,255	0	383
(3) WADE GOLDADE DIRECTOR	0 50	х						389	0	60
(4) JOSHUA ULLAND DIRECTOR	0 50	х						160	0	36
(5) CORY OLSON DIRECTOR	0 50	х						2,798	0	427
(6) O'BRIEN SCHAFFNER DIRECTOR	0 50	х						3,169	0	638
(7) ANTHONY WEBB DIRECTOR	0 50	х						3,195	0	541
(8) RANDY BARTSCH BUSINESS MANAGER	48 00			х				124,381	0	21,531
(9) RUSSELL EDINGTON RECORDING SECRETARY	0 50			х				105	0	26
(10) STEPHEN HENDERSON TREASURER	0 50			х				0	0	0
(11) JANEL WINKELS ADMINISTRATIVE ASSISTANT	40 00			х				64,676	0	20,170
(12) CODY SERR MEMBERSHIP DEVELOPMENT DIR	44 00					х		110,320	0	21,369

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more than one box, unless person is both an officer and a director/trustee) orga							(D) Reportable Ompensation from the anization (W- 1099-MISC)			(F) Estima amount o compens from t rganizati	ited f other sation :he
		Highest compensated employee Key employee Officer Institutional Trustee or director dotted line dotted line of director			2/1099	-14130)	relat organiza	ed						
1b c d	Sub-Total	s to Part VII, S				· ·	*		42	1,768	0			86,550
2	Total number of individuals (in \$100,000 of reportable compe						ed abov	/e) w	ho receive	ed more th	an			
3	Did the organization list any f o							oyee,	, or highes	t compen	sated employee		Yes	No
4	on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							3		N o N o				
5	Did any person listed on line 1 services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
матт		(A) lame and business	address								(B) cription of services		(C Comper	sation
MAII	SON CONSTRUCTION									CONSTRUC	T NEW BUILDING			980,664

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MATTSON CONSTRUCTION	CONSTRUCT NEW BUILDING	980,664
PO BOX 1327		
MINOT, ND 58702		
TOFTE BROTHERS CONSTRUCTION	CONSTRUCT NEW BUILDING	481,643
PO BOX 964		
WILLISTON, ND 58801		
MOWBRAY & SON	PLUMBING & HEATING IN NEW BUILDING	331,494
328 20TH AVE SE		
MINOT, ND 58701		
MAIN ELECTRIC	ELECTRICITY IN NEW BUILDING	208,529
PO BOX 936		
MINOT, ND 58702		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Part V	1441		ement of Revenue								
		Check if Schedu	ule O contains a respoi	nse or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from			
						function revenue	revenue	tax under sections 512-514			
(0	1a	Federated cam	paigns 1a					312-314			
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es 1b								
ا رون س	С	Fundraising eve	ents 1c								
iffts, ar ⊿	d	Related organiz	zations 1d								
s, G imil	e	Government grants	s (contributions) 1e								
tion r Si	f	All other contribution	ons, gifts, grants, and 1f								
ig #	g		ons included in lines								
ontr nd (h	1a-1f \$ Total. Add lines	c 1 a - 1 f	-							
ತ ಕ	-"	Total. Add lines	5 1 4 - 11	Business Code							
nue	2a	MEMBERSHIP DUES	S & ASSE	541900	3,449,312	3,449,312					
eve Feve	b				, ,	, ,					
Ce F	С										
Serw	d										
Program Service Revenue	e	•									
	f	All other progra	am service revenue								
	g		s 2a-2f		3,449,312						
	3	and other simila	ome (including dividen ar amounts)		258,924			258,92			
	4		stment of tax-exempt bond	`							
	5	Royalties	(ı) Real	(II) Personal							
	6a	Gross rents	17,284	,							
	b	Less rental	0								
	c	expenses Rental income	17,284								
	d	or (loss) Net rental incoi	l me or (loss)		17,284			17,28			
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory		538,495							
	b	Less cost or other basis and		97,367							
	С	sales expenses Gain or (loss)		441,128							
	d	Net gain or (los	s)		441,128			441,12			
venue	8a	Gross income f events (not inc \$	luding 								
Other Revenue		See Part IV, lin	s reported on line 1c) ne 18 a								
5	b		penses b (loss) from fundraising	events							
	c 9a		rom gaming activities ne 19	events p -							
	ь	less directev	a penses b								
			(loss) from gaming acti	vities							
	10a	Gross sales of returns and allo									
	b		oods sold b								
	С	Net income or ((loss) from sales of inv	entory 🛌 Business Code							
	11a	miscellaneous	s revenue	Dusiliess Code							
	ь										
	С										
	d		ue								
	е	Total. Add lines									
	12	Total revenue.	See Instructions .	· · · · •	4,166,648	3,449,312	o	717,330			

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	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				_
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	30,040	30,040		
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	508,761		508,761	
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	85,108		85,108	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	16,761		16,761	
10	Payroll taxes	58,783		58,783	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	17,577	5,273	12,304	
d	Lobbying				
e	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 Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	52,688	15,807	36,881	
17	Travel	22,386	6,716	15,670	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	99,347	29,804	69,543	
23	Insurance	18,533	5,560	12,973	
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)				
а	I O PER CAPITA	244,537	244,537		
b	SUBSIDIES	231,568	231,568		
c	MISCELLANEOUS	99,649		99,649	
d	PRINTING AND PUBLICATIO	21,753	6,526	15,227	
е	All other expenses	44,827	8,009	36,818	
25	Total functional expenses. Add lines 1 through 24e	1,552,318	583,840	968,478	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 100 1 100 1 2 877.971 2 151.974 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 4,190 5,310 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 5,466,147 10a Complete Part VI of Schedule D b 10b 460.123 2,982,607 10c 5,006,024 Less accumulated depreciation 11 843,934 11 12.032.888 12 12,145,924 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 28.909 15 34.665 16 Total assets. Add lines 1 through 15 (must equal line 34) 15.926.665 16 18,187,931 151,723 17 **17** 96,929 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 151,723 26 96,929 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 15,674,304 17,990,380 27 27 28 638 28 622 Fund 100,000 100.000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Net Assets

31

32

33

15,774,942	33	18,091,002
15,926,665	34	18,187,931
		Form 990 (2015)

31

32

Da	t XI Reconcilliati	on of Net Assets				<u> </u>	age 1
Fal			note to any line in this Part XI				
	oneth in beneau		There is any line in this rate Al	 			• • •
1	Total revenue (must ec	uual Part VIII. column (A.) lu	ne 12)				
-	Total revenue (must et	quai Fait VIII, column (A), m	ne 12)	1		4,1	166,648
2	Total expenses (must o	equal Part IX, column (A), lır	ne 25)				
				2		1,5	552,318
3	Revenue less expenses	s Subtract line 2 from line 1		3		2 6	514,330
4	Net assets or fund hala	ances at heginning of year (m	nust equal Part X, line 33, column (A))			-,	7 1 1,550
•	ivee assets or faile sale	ances at beginning or year (ii	rase equal if are X, inite 33, containin (X),	4		15,7	774,942
5	Net unrealized gains (l	osses) on investments .					
				5		-2	298,270
6	Donated services and	use of facilities		6			
7	Investment expenses						
-				7			
8	Prior period adjustmen	ts		_			
_				8			
9	Other changes in net a	ssets or fund balances (expl	aın ın Schedule O)	9			(
10	Net assets or fund bala	ances at end of year Combin	e lines 3 through 9 (must equal Part X, line 33,				
	column (B))			10		18,0	91,002
Par		atements and Reporti					_
	Check if Sched	ule O contains a response oi	r note to any line in this Part XII		• •		. 🔽
						Yes	No
1			Cash Accrual Cother				
	If the organization chair Schedule O	nged its method of accountin	ng from a prior year or checked "Other," explain in				
2a		financial statements compi	led or reviewed by an independent accountant?		2a		No
			inancial statements for the year were compiled or review.	ewed on			
	a separate basis, cons		,				
	Separate basis	Consolidated basis	☐ Both consolidated and separate basis				
	W	. 6	d h.v. an .v. dan an dank a a a a .v. ka .k2		21-	V	
D	-		d by an independent accountant?		2b	Yes	
	basis, consolidated bas	1 .1	inancial statements for the year were audited on a sep	arate			
	Separate basis	Consolidated basis	☐ Both consolidated and separate basis				
C			e a committee that assumes responsibility for oversig tatements and selection of an independent accountant		2c	Yes	
			cess or selection process during the tax year, explain		ZC	165	
	Schedule O	nged either its oversight prot	cess of selection process during the tax year, explain	111			
За			required to undergo an audit or audits as set forth in the	ne			
_	Single Audit Act and O				3a		No
b			audit or audits? If the organization did not undergo the and describe any steps taken to undergo such audits		3b		
	required addit or addits	, explain willy in Schedule O	and describe any steps taken to undergo such addits		טכ		

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DLN: 93493091006356

SCHEDULE C

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

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.

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

the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy ine 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization	Tax) (see separate instructions) or Form 990-EZ, Part V, Employer identification number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL	45-0223720
Part I-A Complete if the organization is exempt under sec	ction 501(c) or is a section 527 organization.
Provide a description of the organization's direct and indirect political o	campaign activities in Part IV
olitical expenditures	
•	
	\$
3	
olunteer hours	
Part I-B Complete if the organization is exempt under sec	ction 501(c)(3)
complete if the organization is exempt under set	Caon 501(5/(5/)

4a	
Was a correction made?	
Γ Yes Γ No	
b If "Yes," describe in Part IV	
Part I-C. Complete if the organization is exempt under section 501(c), except section 5	O.

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

o If "Yes," describe in Part IV	
rt I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
ter the amount of the filing organization's funds contributed to other organizations for section 527	
empt function activities	
	\$

			*	
Total exempt function expenditures	Add lines 1 and 2	Enter here and on Form 1120-POL, line 17b	\$	
•				

Did the filing organization file Form 1120-POL for this year?

1	Yes No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
	organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the
	amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

For Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ. Ca	t No 50084S	Schedule C (I	Form 990 or 990-EZ) 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
Not over \$500,000	20% of the amount on line 1e				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000	\$1,000,000				

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

	filed Form 5768 (election under section 501(h)).	(a)	(b)
For each "Yes" r activity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
a 'olunteers?			
b Paid stat	for management (include compensation in expenses reported on lines 1c through 1i)?		J
c 1edıa advertıs	ements?		
	<u> </u>		
d 1aılıngs to me	mbers, legislators, or the public?		
1			
e Publicati	ions, or published or broadcast statements?		
f Grants to	o other organizations for lobbying purposes?		
g Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activitie	s?		
	- 		
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		I
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5).	or section
	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?	[1 Yes
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2 No
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3 No
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 line 3, is answered "Yes."		
1 Dues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a Current year			
2a			
b Carryover from	last year		
2b	, (450, 754)		
с			
otal 2c			
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4			
5 Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		T. A. I.
	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list), Part I	1-A, lines 1 and
z (see msera	1		

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DLN: 93493091006356

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

ernal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u> :	s.gov/form990.	Inspection			
	me of the organ ERNATIONAL BROTH	ization HERHOOD OF ELECTRICAL		Employer identif	ication number			
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	45-0223720 unds or Accour	nts.			
	0011161	oto ii ano organization anovers	(a) Donor advised funds	(b)Funds and o	other accounts			
•	Total numbe	er at end of year	(a) Bollot advised fallas	(b) and and (ther accounts			
2	Aggregate v year)	value of contributions to (during						
3	Aggregate v	value of grants from (during year)						
ŀ	Aggregate v	alue at end of year						
5	_		dvisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised	┌ Yes ┌ No			
i	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes			
a		·	ete if the organization answered "Yes" o	on Form 990, Par	t IV, line 7.			
2	Preservation Protection Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space	e organization (check all that apply) ation or education)	certified historic st	ructure			
	easement on t	ne last day of the tax year		Held at	the End of the Year			
а	Total number o	of conservation easements		2a				
b	Total acreage	restricted by conservation easeme	nts	2b				
C	Number of con	servation easements on a certified	historic structure included in (a)	2c				
d		servation easements included in (o ure listed in the National Register	acquired after 8/17/06, and not on a	2d				
3	Number of con tax year ►	servation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the organizati	on during the			
ŀ	Number of stat	tes where property subject to cons	ervation easement is located 🗠					
5		nization have a written policy regar I enforcement of the conservation e	ding the periodic monitoring, inspection, han asements it holds?	dling of	Yes No			
•	Staff and volur year	iteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ıng conservatıon ea	sements during the			
	<u> </u>							
•		enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onservation easem	ents during the year			
	► \$							
}	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(ii)? Yes Γ No							
)	balance sheet,		ts conservation easements in its revenue an of the footnote to the organization's financia sements					
ar			tions of Art, Historical Treasures,	or Other Simila	ır Assets.			
	•		ed "Yes" on Form 990, Part IV, line 8.					
.a	works of art, hi	istorical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or research in furth				
b	works of art, hi		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items					
((i) Revenue incli	uded on Form 990, Part VIII, line 1	L	► \$				
(i	i) Assets includ	ed ın Form 990, Part X		► \$				
2			nistorical treasures, or other similar assets fo FAS 116 (ASC 958) relating to these items		ovide the			
а	Revenue inclu	ded on Form 990, Part VIII, line 1		► \$				

b Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	g Collections of A	rt, Histo	rical Tr	easures,	or Ot	her Similar A	ssets	
3		the organization's acquisition, acc tion items (check all that apply)	cession, and other reco	_					e of its	
а	┌ P	ublic exhibition		d	Loan	or exchange	progra	ms		
b	┌ s	cholarly research		e 「	Other	•				
С	ΓP	reservation for future generations								
4	Provid Part X	de a description of the organization (III	s collections and exp	laın how th	ey furthe	r the organiz	atıon's	exempt purpose	ın	
5		g the year, did the organization sol s to be sold to raise funds rather th							┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990), Part I	V, lıne 9, o	r repo	orted an amoun	nt on For	m 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intern	nediary for	contribu	tions or othe	rasse	ts not ryes	┌ No	
b	If"	Yes," explain the arrangement in P	art XIII and complete	the follow	ng table			Am	ount	
C	Beg	ginning balance					1c			
d	Ado	ditions during the year					1d			
e	Dıs	tributions during the year					1e			
f		ding balance					1f			
2a		ne organization include an amount o	on Form 990. Part X. lı	ne 21. for	escrow o	r custodial a	ccount	· : liability?	□ No	
				,				, , , , , , , , , , , , , , , , , , , ,	,	
b	If"Ye	s," explain the arrangement in Par	t XIII Check here ıf th	ne explanat	tion has	been provide	d ın Pa	art XIII		Γ
Pai	rt V	Endowment Funds. Comple								
			(a)Current year	(b) Prior ye	ar b	(c)Two years b	ack (c	1) Three years back	(e)Four ye	ears back
1a	Begin	ning of year balance	3,062,600	3,6	29,037	2,984	,889	2,810,112		2,436,898
b	Contr •	ributions • • • • • • •	1,183,592	1,3	99,050	1,260	,069	885,306		832,285
C	losse		2,950		2,224		,979	3,503		3,347
d	Grant	s or scholarships	1,367,019	1,6	07,974	485	,586	586,326		406,114
e	and p	r expenditures for facilities rograms	2,461,026							
f		nistrative expenses	321,097	3.	59,737	132	,314	127,706		56,304
g		f year balance	100,000	3,0	52,600	3,629		2,984,889		2,810,112
2	Provid	de the estimated percentage of the	current year end bala	nce (line 1	g, colum	n (a)) held as		•		
а	Board	designated or quasi-endowment F	· •							
b		anent endowment ► 100 000 %								
		anent endowment F								
С	The p	orarily restricted endowment recentages on lines 2a, 2b, and 2c								
3a	organ	nere endowment funds not in the po ization by related organizations		ızatıon that	are held	d and adminis	stered		Yes	No
	` `	•							(i) (ii)	No No
b		elated organizations es" on 3a(ii), are the related organiz						<u> </u>	(п) В Б	100
4		ribe in Part XIII the intended uses					•			
Par	t VI	Land, Buildings, and Equip								
		Complete if the organization		orm 990,						
		Description of property			(a) r other bas estment)	(b) Sis Cost or oth (othe	er basıs	Accumulated (c) depreciation	(d)Boo	ok value
1a	_and						334,436	;		334,436
b I	Buildin	gs				4,	701,141	. 293,16	9	4,407,972
c l	_easeh	nold improvements					258,631	. 59,80	0	198,831
d I	Equipm	nent					171,939	107,15	i4	64,785
e (Other						-	<u> </u>		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

5,006,024

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orgar	nization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			- Cook of the or your market takes
(2)Closely-held equity interests (3)O ther			
(A) AFL-CIO HOUSING FUND		1,873,742	F
(B) CERTIFICATES OF DEPOSIT		1,866,283	F
(C) EDWARD JONES		3,385,946	F
(D) RAYMOND JAMES		2,747,055	F
(E) AMERIPRISE FINANCIAL		2,272,898	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	+	12,145,924	
Complete if the organization answered "	Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ		
Part IX Other Assets. Complete if the organization (a) Descrip		Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.		Yes on Form 990, Pa	art IV, line lie or lif.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per I	Return
1	Total revenue, gains, and other support per audited financial statements	1	3,868,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -298,270		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-298,270
3	Subtract line 2e from line 1	3	4,166,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,166,648
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	r Return.
1	Total expenses and losses per audited financial statements	1	1,552,318
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,552,318
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,552,318

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION WILL USE ITS ENDOWMENT FUNDS FOR USE IN FULFILLING ITS MISSION STATEMENT
PART X, LINE 2	THE COMPANY'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS AND OTHER EVIDENCE IT IS THE OPINION OF MANAGEMENT THAT THE COMPANY HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION
SCHEDULE D PART V LINE 1E	IN PRIOR YEARS, BOARD DESIGNATED FUNDS WERE BEING IMPROPERLY REPORTED AS ENDOWMENT FUNDS THE AMOUNT OF \$2,461,026 REPRESENTS A RECLASSIFICATION TO CORRECT PREVIOUS REPORTING ERRORS

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

DLN: 93493091006356OMB No 1545-0047

2015

Open to Public Inspection

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

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

Attach to Form 990.

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

iterial revelue service	
ame of the organization	Employer identification number
NTERNATIONAL BROTHERHOOD OF ELECTRICAL	45-0223720
Part I General Information on Grants and Assistance	

1 Does the organization maintain rethe selection criteria used to awa	ard the grants or as	ssistance?				stance, and	✓ Yes
2 Describe in Part IV the organizat	tion's procedures f	or monitoring the use	of grant funds in the Un	ited States			
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
2 Enter total number of section 50			ted in the line 1 table .			· · · · • _	

Part III 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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CASH PAID TO SURVIVING FAMILY OF DECEASED MEMBERS	29	30,040			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL FUNDS WERE DEPOSITED INTO A SEPARATE BANK ACCOUNT AND PAID EXCLUSIVELY TO BENEFICIARIES OF DECEASED MEMBERS AS
	DIRECTED ON THEIR BENEFITS FORMS

Schedule I (Form 990) 2015

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DLN: 93493091006356

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL	Employer identification number
	45-0223720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS CONSIST OF "A" MEMBERS AND "BA" MEMBERS "A" MEMBERS ARE INDIVIDUALS THAT UTILIZE THE UNION'S BENEFITS, RETIREMENT, AND REFERRAL SERVICES "BA" MEMBERS ARE INDIVIDUALS THAT WORK FOR A COMPANY THAT PROVIDES ITS OWN BENEFITS AND RETIREMENT
FORM 990, PART VI, SECTION A, LINE 7A	ELECTIONS FOR THE EXECUTIVE BOARD ARE HELD EVERY THREE YEARS, AND VOTING IS OPEN TO ALL ME MBERS ALL MEMBERS ARE ELIGIBLE TO BE NOMINATED AND ELECTED TO THE EXECUTIVE BOARD
FORM 990, PART VI, SECTION B, LINE 11	THE GOVERNING BOARD DOES NOT REVIEW THE FORM 990, HOWEVER THE BUSINESS MANAGER IS PROVIDED A COPY OF THE FORM 990 BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEWS COMPENSATION PAID TO OFFICE EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION AVAILABLE UPON WRITTEN REQUEST
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS