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#### $_{\text{Form}}\,990$

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)

15

▶ 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.lrs.gov/form990.

Open to Public Inspection

Α	For the	2015 calendar year, or tax year beginning JI	JL 1, 2015 and endin	g JUN 30, 2016			
В	Check if	C Name of organization		D Employer identifi	ication number		
	applicable	INTERNATIONAL BROTHERHO	OOD OF ELECTRICAL	, ,			
	Addres	SS TOPTODO 1050 TOOL					
	Name change	De la		01-0	226195		
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address) Room				
F	Final	176 MATH CODEED	, , , , , , , , , , , , , , , , , , , ,	· ·	453-1301		
-	—lreturn/ termin ated		7IP or foreign postal code	G Gross receipts \$	320,832.		
	Amend		in or lordight poolar oods	H(a) Is this a group r			
F	—lreturn ∏Applic		RIFC FRACER	for subordinates			
	—Itiòn pendir	SAME AS C ABOVE	KDED FRADER				
_	Toy ov		◀ (insert no.)	H(b) Are all subordinates in 527 If "No." attach a	··· - · · · · · · · · · · · · · · · · ·		
		te: NWW.IBEW1253.ORG	(IIISELT 110.) 4947(a)(1) 01	<del></del>	list. (see instructions)		
			sociation Other		on number > 0064		
	art I	Summary	Sociation Other	Year of formation: 1946 I	VI State of legal doffliche. M.E.		
<u>.                                    </u>		•	orandocart cotaritaes MO CARR	מחשם שנות חווס ע	TEDMENT OF		
õ	1	Briefly describe the organization's mission or most	-		ERMENT OF		
nan		CONDITIONS FOR WORKERS, TI Check this box ▶ ☐ if the organization discon		THE GRADE OF T	· · · · · · · · · · · · · · · · · · ·		
ě	2	_	·	1	1 -		
ģ	3	Number of voting members of the governing body (	•	3	9		
Activities & Governance	4	Number of independent voting members of the gov	= *:	4	8		
ë	5	Total number of individuals employed in calendar y	ear 2015 (Part V, line 2a)	5	3		
ΞΞ	6	Total number of volunteers (estimate if necessary)		6	0		
Act		Total unrelated business revenue from Part VIII, col		<u>7a</u>	0.		
	b	Net unrelated business taxable income from Form 9	990-T, line 34	<u> 7</u> b	0.		
				Prior Year	Current Year		
ē		Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		363,945.			
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	2,700.	2,554.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	334.	-333.		
_	12_	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	366,979.	320,293.		
	13	Grants and similar amounts paid (Part IX, column (A	1), Ines-1-3)	0.	0.		
	14	Grants and similar amounts paid (Part IX, column (A) Benefits paid to or for members (Part IX, column (A) Salaries, other compensation, employee benefits (F)	), line 4) RECEIVEU Part X, golumn (A), lines 5:10)	0.	0.		
S	15	Salaries, other compensation, employee benefits (F	are the second rule (v. ), in the second rule (v.	268,201.	262,476.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii		0.	0.		
ğ	ь	Total fundraising expenses (Part IX, column (D), line	25)	( <u> </u>			
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e) OGDEN, UT	151,015.	149,212.		
2	18	Total expenses Add lines 13-17 (must equal Part I)	(, column (A), line-25)	419,216.	411,688.		
	1	Revenue less expenses. Subtract line 18 from line		-52,237.			
96	3	-		Beginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		370,856.	276,796.		
Net Assets of U	21	Total liabilities (Part X, line 26)		5,107.	1		
<u>\$</u>	22	Net assets or fund balances. Subtract line 21 from	line 20	365,749.			
P	art II	Signature Block					
Und	der pena	lities of perjury, I declare that I have examined this return,	including accompanying schedules and s	statements, and to the best of m	ny knowledge and belief, it is		
		t, and complete Declaration of preparer (other than office		•	,		
2		May From	,	· · · · · · · · · · · · · · · · · · ·			
Z Się	חו	Signature of officer		Date			
Ήe		CHARLES FRASER, BUSINES	SS MANAGER	10-17-2	2016		
110		Type or print name and title	JO IMMIIOLIK				
		Print/Type preparer's name	Prepa <del>ro</del> r's signature	Date Check	PTIN		
Pai	d	THOMAS EMERY	Sur Co	10/11/16 If self-emplo	'L		
	parer		OUELLETTE O	Firm's EIN	01-0440155		
	Only	Firm's address 20 LONG CREEK DR		THE STATE OF THE S	<u> </u>		
		l •	ME 04106	Phone no 20	7-773-2986		
	001 12-1			·	X Yes No Form <b>990</b> (2015)		
JJ2	12-	The second of th	-, are copurate mouncills.		· OIIII 444 (4010)		

#### INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL

Form	990 (2015) WORKERS 1253 LOCAL	01-022	6195	Page 2
Par	t III Statement of Program Service Accomplishments			
	. Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			-
	THE OBJECTIVES OF THE INTERNATIONAL BROTHERHOOD OF ELEC	CTRICAL	WORKE:	RS
			IN TH	
	UNITED STATES AND CANADA, INCLUDING ALL THOSE IN PUBLIC		IES A	ND.
	ELECTRICAL MANUFACTURING, INTO LOCAL UNIONS; TO PROMOTI			
		- KENDON		
2	Did the organization undertake any significant program services during the year which were not listed on			X No
	the prior Form 990 or 990-EZ?		res	LAJ NO
	If "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	?	∟ Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total e	xpenses, a	and
	revenue, if any, for each program service reported			
4a	(Code ) (Expenses \$ Including grants of \$) (Revi	enue \$		)
•••	ADVOCATE, ARBITRATE & NEGOTIATE FOR MEMBERS. ADMINISTRA		THE	
	MARKET RECOVERY PROGRAM FOR PROMOTING THE ORGANIZED ELI			
		CIVICUL		
	CONSTRUCTION INDUSTRY WITHIN THE LOCAL JURISDICTION.			
				<del>_</del>
4b	(Code) (Expenses \$ including grants of \$) (Rev	enue \$		)
4c	(Code ) (Expenses \$ including grants of \$ ) (Rev	enue \$		
				-
			_	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$	_		
			)	90 (2015

01-0226195 Page **3** 

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ļ		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	<u> </u>	X
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? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	005	X

Form 990 (2015) WORKERS 1253 LOCAL
Part IV Checklist of Required Schedules (continued)

				,
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ <del>-</del>
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			٠,
	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			3,5
04-	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	04-		x
<b>L</b>	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Α_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	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	240	<u> </u>	-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			ŀ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α.
33	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			
•	Part V, line 1	34	Х	
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	554		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2015) WORKERS 1253 LOCAL 01-0226195

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			Ш.					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	.							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.							
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	.							
	filed for the calendar year ending with or within the year covered by this return 2a 3	.							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 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			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
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).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		X					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.7					
_	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
^	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter	30							
10	Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		1						
11	Section 501(c)(12) organizations. Enter								
''	Gross income from members or shareholders	1							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
~	amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1						
	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.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note. See the instructions for additional information the organization must report on Schedule O								
b									
	organization is licensed to issue qualified health plans								
С									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Page 5

Form 990 (2015)

Page 6

Form 990 (2015) WORKERS 1253 LOCAL 01-0226195 Page
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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent  1b			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	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		
	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	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:		22	
	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	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>		
<u> </u>	tion D. 1 Onoics (Mis Section B requests information about policies not required by the internal nevertice code.)		Yes	No
<b>1</b> 00	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	'-		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
d	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		1
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		x
<b>.</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		<del> </del> _
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements?	עטי	ļ	
	List the states with which a copy of this Form 990 is required to be filed ►ME			
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)	availah	le .	
10	for public inspection. Indicate how you made these available. Check all that apply	. v uliau		
	Own website			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	اداء	
19		a midil	oiai	
20	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:			
20	CHARLES FRASER - 207-453-1301			
	176 MAIN STREET, FAIRFIELD, ME 04937			
	TIV THILL DIMINITI INTELLEDIT IN VIJII			

orm 990 (	2015)	WORKERS	1253	LOCAL	01-0226195	Page 7
Part VII	Compensation	of Officers,	Directo	rs, Trustees	s, Key Employees, Highest Compensated	
	Employees, an	d Independe	ent Con	tractors		

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.

(A) Name and Title	(B) Average hours per		not c	Pos heck	more	than		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)		Institutional trustee	od a d	recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NICHOLAS PAQUET	2.00								_	_
PRESIDENT		Х		Х		ļ		0.	0.	0
(2) CHARLES YOUNG	1.00							_	_	_
VICE PRESIDENT		X		Х	<u> </u>			0.	0.	0
(3) HARRY LYONS	1.00									
TREASURER		X	ļ	X	ļ			0.	0.	0
(4) TIM FADER	2.00									
RECORDING SECRETARY		X		X				0.	0.	0
(5) COLIN CLARK	1.00									
EXECUTIVE BOARD		X						0.	0.	0
(6) MIKE CORCORAN	1.00					1				
EXECUTIVE BOARD		X						0.	0.	0
(7) JOHN WEED	1.00	ļ								
EXECUTIVE BOARD	ļ	X	_					0.	0.	0
(8) CHARLES FRASER	40.00								_	
BUSINESS MANAGER/FINANCIAL SECRETARY		X		X	ļ	_		71,370.	0.	25,718
(9) LEE WHITAKER	1.00							_	_	_
EXECUTIVE BOARD		X			_	<u> </u>		0.	0.	0
		1								
	<del> </del>	-	_	-		<del> </del>				
<u></u>		<u> </u>			_	_				
		1								
			T				1			
		1				1				

ran	VII   Section A. Officers, Directors, True (A)	(B)	ploy		(0	<b>C)</b>		st C	(D)	(E)			(F)	
•	Name and title	Average hours per week (list any hours for related organizations below	itee or director	not c , unle	ss pe d a d	more rson irecto	Highest compensated employee	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		l comp		of tion e ion ed
		line)	튵	Inst	Officer	Key	돌를	Form		<del>-</del>		<u>.</u>		
							_				_			
						:			:					
						_	ļ							
			_						:		!			
			$\frac{1}{2}$											
1b	Sub-total			<u> </u>	<u> </u>	l	L	<u> </u>	71,370.		0.	25	5,7	18.
	Total from continuation sheets to Part V	'II, Section A						<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	nose	liste	ed al	hove	e) wi	<b>▶</b>	71,370.	.000 of reportable	0.	2:	5,7	18.
	compensation from the organization												- T	0
3	Did the organization list any former office	director or tri	ıste	o ka	v er	mnlc	wee	or	highest compensated e	mplovee on	[		Yes	No
	line 1a? If "Yes," complete Schedule J for			<b>Φ,</b> πο	, <b>,</b>	pic	Jyco	, 01	riigiliot compolicated c	mployee en		3		X
	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4		X
	Did any person listed on line 1a receive or			-						dual for services				
	rendered to the organization? If "Yes," cor ion B. Independent Contractors	nplete Schedui	le J i	for s	uch	pen	son					5		X
	Complete this table for your five highest complete the your five highest complete the your five highest complete the yo	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation fi	rom	
	the organization. Report compensation for	the calendar y	/ear	end	ng v	vith	or w	/ithir		year				
	(A) Name and busines	s address	N	ON	E				(B) Description of s	ervices	С	(C omper		n
		<u></u>		_										
										7				
								$\dashv$	<del></del>					
	Table and a state of the state	(m. n.				, al.				4h				
	Total number of independent contractors \$100,000 of compensation from the organ		iot l	mite	:a to		ose II 0	stec	abovej who received n	iore than				
												Form (	000	2045

Page 9

		. Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	•		a responso	2 to tary iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
흔들		Membership dues	1b					
اغ"	c		1c					
##	d	. B.I.I. I	1d					
ું ≝								
Sign	e	A11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
를	f	similar amounts not included abo						
물리	_							
Contributions, Gifts, Grants and Other Similar Amounts	9		s 1a-1f \$					
<u> </u>	n	Total. Add lines 1a-1f		Business Code	• • •		<del></del>	<del> </del>
_	۰.	MEMBERSHIP DUES	<b>y</b>	900099	318,072.	318,072.		
ξļ	2 a			300033	310,072.	310,072.		<del> </del>
ادِ جَ	b							<del> </del>
E E	C							
gra Re	d							
Program Service Revenue	e	All -11-						
_	f	All other program service reverse Total. Add lines 2a-2f	enue		318,072.	_		<del> </del>
-	<u>9</u> 3	Investment income (including	dividende inter	ost and	310,072.			<del>                                     </del>
	3	other similar amounts)	dividends, inter-	est, and	2,554.			2,554.
	4	Income from investment of ta	v avamnt hand :	· •	4,334.			2,334.
ŀ	4		x-exempt bond ;	oroceeds -				<del>                                     </del>
	5	Royalties	() Dool	(i) Personal				
	۰.	Cross rents	(ı) Real	(ii) Personal				
	6 a							
	b	•		<del>                                     </del>				
	C	` '		-				
	_ d	` '	() 0	(1) (2)	<del></del>			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b							
- 1		and sales expenses						
	С	, ,						
	d	• , ,						
9	8 a	Gross income from fundraisin						
ē		including \$	of					
ner Revenue		contributions reported on line	1c). See					
		Part IV, line 18	. а					
₹		Less direct expenses	. b	·				
Other Revenue		: Net income or (loss) from fun	-					
	9 a	Gross income from gaming a	ctivities. See	]				
		Part IV, line 19	а					
		Less direct expenses	b	·				
		: Net income or (loss) from gan		<b>_</b>				-
	10 a	Gross sales of inventory, less	returns	004				
		and allowances	а					
		Less cost of goods sold	b	539.				
	c	Net income or (loss) from sale		<u> </u>	-338.		<del></del> -	
		Miscellaneous Revenu	ne	Business Code		_		
	11 a	MISCELLANEOUS		900099	5.	5.		<del> </del>
	b						·	<del> </del>
	c							
		All other revenue	-	<u> </u>				<del>                                       </del>
	€	Total. Add lines 11a-11d		▶	5.			
	12	Total revenue. See instructions		_	320 293	318 077	n	2 216

01-0226195 Page 10

Form 990 (2015) WORKERS 1253 LOCAL
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)							
	Check if Schedule O contains a response or note to any line in this Part IX										
	ot Include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21		· <u> </u>								
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				<u>.</u>						
5	Compensation of current officers, directors,										
	trustees, and key employees	96,490.									
6	Compensation not included above, to disqualified			1							
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	108,654.									
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	16,017.									
9	Other employee benefits	27,840.									
10	Payroll taxes	13,475.									
11	Fees for services (non-employees)										
а	Management				··						
b	Legal										
С	Accounting	8,550.			<u>, , , , , , , , , , , , , , , , , , , </u>						
d	Lobbying										
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.)	4 504									
12	Advertising and promotion	1,794.									
13	Office expenses	11,938.									
14	Information technology										
15	Royalties	10.000									
16	Occupancy	10,800.									
17	Travel .	3,729.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	000									
19	Conferences, conventions, and meetings	990.									
20	Interest				<u> </u>						
21	Payments to affiliates	3,062.									
22	Depreciation, depletion, and amortization	4,782.									
23	Insurance Other expenses. Itemize expenses not covered	4,702.									
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 O.)										
а	PER CAPITA TAX	81,324.									
b	VEHICLE EXPENSE	8,746.		ļ	-						
С	OTHER	6,992.		ļ							
d	REPAIRS AND MAINTENANCE	4,857.		<u> </u>							
е	All other expenses	1,648.		<u> </u>							
25	Total functional expenses. Add lines 1 through 24e	411,688.		ļ .	<u></u>						
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)			1	1						

Form 990 (2015)

WORKERS 1253 LOCAL

01-0226195 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 54,623. 31,076. 1 Cash - non-interest-bearing 1 240,649. 308,100. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 54,556. basis. Complete Part VI of Schedule D 10a 49,485. 8,133. 5,071. 10c b Less, accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 370,856. 276,796. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,442 5,107. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,442. 5,107. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 365,749. 274,354. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 365,749. 274,354. Total net assets or fund balances 33 33 370,856. 34 276,796. Total liabilities and net assets/fund balances

Form	990 (2015) WORKERS 1253 LOCAL	<u>01-02</u> 2	<u> 26195</u>	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	-			Щ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>93.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>95.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	365	<u>5,7</u>	<u>49.</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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	274	<u>1,3</u>	<u>54.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			-	لعا
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.		-	
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 reviewe	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis X 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 separa	ite basis,			
	consolidated basis, or both				
	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 t	he audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc			į	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		_X_
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			l

Form **990** (2015)

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

#### SCHEDULE C (Form 990 or 990-EZ)

(FUITH 990 OF 990-E2

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.

2015
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 501(c)(4), (5), or (6) organizat	ions: Complete Part III.				
		TIONAL BROTHERHO	OD OF ELECT	RICAL	Employ	yer identification number
		1253 LOCAL				01-0226195
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 8	527 org	ganization.
2	Provide a description of the organize Political expenditures  Volunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV.	<b>&gt;</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).		
_	Enter the amount of any excise tax			(0).	<b>&gt;</b> \$	<del></del>
	Enter the amount of any excise tax			5	<b>▶</b> \$_	
	If the organization incurred a section					Yes No
	Was a correction made?		,			Yes No
-	o If "Yes," describe in Part IV					
Pa	art I-C Complete if the org	janization is exempt und	ler section 501(c)	, except section	501(c)	)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities	▶ \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527	_	
	exempt function activities				▶\$_	
3	Total exempt function expenditures	Add lines 1 and 2. Enter here a	and on Form 1120-POL	•		
	line 17b				▶\$_	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and en	nployer identification number (El	N) of all section 527 po	olitical organizations t	o which	the filing organization
	made payments. For each organiza	tion listed, enter the amount pai	d from the filing organi	zation's funds Also e	nter the	amount of political
	contributions received that were pro-				separate	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	/ide information in Part	IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds If none, en	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	_					

Schedule C (Form 990 or 990 EZ) 2015 W	ORKER	S 125	3 LOCAL	n 501(c)(3) and file	01-0	226195 Page 2
section 501(h)).	amzatioi	I IS EXCI	npt under sectio	ii sor(c)(s) and iii		election under
	on belong	e to an affi	listed aroun (and list in	Part IV each affiliated	group member's nar	ne address FIN
expenses, and share	_			Traitiv each anniated	group member a nar	no, address, Env,
· • • • • • • • • • • • • • • • • • • •			nd "limited control" pro	visions anniv		
Limite	s on Lobby	ying Expe	<del></del>		(a) Filing organization's totals	(b) Affiliated group totals
		-				
1a Total lobbying expenditures to influ	=			}		<del> </del>
b Total lobbying expenditures to influence			dy (direct lobbying)	}		<del> </del>
c Total lobbying expenditures (add lin		1b)				<del>                                       </del>
d Other exempt purpose expenditures						<del> </del>
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter	the amou	nt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		+
Over \$1,000,000 but not over \$1,50	00,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (ent						
h Subtract line 1g from line 1a If zero	or less, er	nter -0-				
i Subtract line 1f from line 1c. If zero	•			l		1
j If there is an amount other than zer	o on either	line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y						Yes No
(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobby	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	012	(ь) 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 Graseroots pontavable amount						
d Grassroots nontaxable amount  e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(10070 01 1110 24, 00141111 (0))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

#### INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL

ge **3** 

	Form 990 or 990-EZ) 2015 WORKERS		<u> </u>	Pag
Part II-B	Complete if the organization is	s exempt under section 5	01(c)(3) and has NOT filed Form 5768	
	(election under section 501(h))			

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description  of the lobbying activity.  Yes				(b)	
e lobbying activity.	Yes	No	Ame	ount	
During the year, did the filing organization attempt to influence foreign, national, state or				<del></del>	
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of			ļ		
Volunteers?			1		
Paid staff or management (include compensation in expenses reported on lines 1c through 1)?			1		
Media advertisements?		İ —			
Mailings to members, legislators, or the public?				_	
Publications, or published or broadcast statements?		_			
Grants to other organizations for lobbying purposes?				_	
Direct contact with legislators, their staffs, government officials, or a legislative body?					
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				_	
Other activities?					
Total Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
If "Yes," enter the amount of any tax incurred under section 4912			1		
If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  † III-A   Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	1/5) or s	ection		
501(c)(6).		,(0), 0. 0			
			Yes	No	
Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
			+	٠,	
		2		1 2	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ection 501(c			Х	
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#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL

**Employer identification number** 01-0226195

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
•	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only	
-	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	• • •	_	Yes No
Par		ganization answered "Yes" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or		torically impo	ortant land area
	Protection of natural habitat	Preservation of a cer	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a consen	vation 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 sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organizatio	on during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe		f	
	violations, and enforcement of the conservation easements	ıt holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation ea	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easem	ents during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) abo	ive satisfy the requirements of section 17	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	se statement,	, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organız	ation's accounting for
	conservation easements.		0:	<del></del>
Pai	rt III Organizations Maintaining Collections of		Other Sim	ilar Assets.
	Complete if the organization answered "Yes" on Forr			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		rance of publ	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc			
b	• •			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service	, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	<b>\$</b>
2	If the organization received or held works of art, historical tr		al gain, prov	ride
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		<b>•</b>	\$

WORKERS 1253 LOCAL 01-0226195 Page 2 Schedule D (Form 990) 2015 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). Loan or exchange programs Public exhibition а Other Scholarly research C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 」Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Pnor year 1a Beginning of year balance Contributions c Net investment earnings, gains, and losses Grants or scholarships d Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (other) depreciation basis (investment) 1a Land **b** Buildings c Leasehold improvements 49,485 54,556. 5,071 d Equipment e Other

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

Schedule D (Form 990) 2015

5.071

01-0226195 Page 3 WORKERS 1253 LOCAL Schedule D (Form 990) 2015 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of investment (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Part X

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 val	ue
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	

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 X

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL 01-0226195 Page 4 Schedule D (Form 990) 2015 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. 322,094. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 1,801 d Other (Describe in Part XIII) 2d 1,801. Add lines 2a through 2d 2e 3 320,293. Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 320 293 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. 413,489. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. 2 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 801 d Other (Describe in Part XIII) 2d 1,801. Add lines 2a through 2d 2e 411,688. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 411 .688. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE LOCAL FOLLOWS THE PROVISIONS OF FASB ASC 740-10 INCOME TAXES WHICH CLARIFIES THE CRITERIA THAT AN INDIVIDUAL TAX POSITION MUST SATISFY FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN

THE LOCAL FOLLOWS THE PROVISIONS OF FASB ASC 740-10 INCOME TAXES WHICH

CLARIFIES THE CRITERIA THAT AN INDIVIDUAL TAX POSITION MUST SATISFY FOR

SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN

ENTITY'S FINANCIAL STATEMENTS. IT ALSO PRESCRIBES A RECOGNITION THRESHOLD

OF MORE LIKELY-THAN-NOT, AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, IN ORDER FOR THOSE TAX

POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THERE HAS BEEN NO

CUMULATIVE EFFECT ON THE LOCAL'S FINANCIAL STATEMENTS RELATED TO THESE

PROVISIONS, AND NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX

POSITIONS WERE ACCRUED. THE LOCAL IS CURRENTLY OPEN TO AUDIT UNDER THE

STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE AND STATE TAXING

### INTERNATIONAL BROTHERHOOD OF ELECTRICAL 01-0226195 Page 5 WORKERS 1253 LOCAL Schedule D (Form 990) 2015 Part XIII | Supplemental Information (continued) AUTHORITIES FOR THE YEARS ENDED JUNE 30, 2013 THROUGH 2016. PART XI, LINE 2D - OTHER ADJUSTMENTS: 1,801. REIMBURSED EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: 1,801. REIMBURSED EXPENSES

#### **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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL

**Employer identification number** 01-0226195

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCTS AND THE DEVELOPMENT OF A HIGH DEGREE OF EFFICIENCY IN THEIR
RESPECTIVE OCCUPATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
METHODS OF WORK; TO CULTIVATE FEELINGS OF FRIENDSHIP AMONG THOSE OF OUR
INDUSTRY; TO SETTLE ALL DISPUTES BETWEEN EMPLOYERS AND EMPLOYEES BY
ARBITRATION (IF POSSIBLE); TO ASSIST EACH OTHER IN SICKNESS OR
DISTRESS; TO SECURE EMPLOYMENT; TO REDUCE THE HOURS OF DAILY LABOR; TO
SECURE ADEQUATE PAY FOR OUR WORK; TO SEEK A HIGHER AND HIGHER STANDARD
OF LIVING; TO SEEK SECURITY FOR THE INDIVIDUAL; AND BY LEGAL AND PROPER
MEANS TO ELEVATE THE MORAL, INTELLECTUAL AND SOCIAL CONDITIONS OF OUR
MEMBERS, THIER FAMILIES AND DEPENDENTS, IN THE INTEREST OF A HIGHER
STANDARD OF CITIZENSHIP.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EVERY THREE YEARS PER LOCAL UNION BYLAWS, NOMINATIONS FOR ELECTED OFFICES
ARE HELD, FOLLOWED BY A SECRET BALLOT ELECTION. ALL ELIGIBLE MEMBERS IN
GOOD STANDING HAVE A RIGHT TO VOTE.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERSHIP MEETINGS ARE HELD MONTHLY, GIVING THE BODY OPPORTUNITY TO VOTE
ON MANY DECISIONS

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL	Employer identification number 01-0226195
FORM 990, PART VI, SECTION B, LINE 11:	
THE EXECUTIVE BOARD REVIEWS THE 990 AND ASKS ANY QUESTION	IS THEY HAVE OF
MANAGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ORGANIZING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVA	AILABLE TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS DID NOT CHANGE DURING THE YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2015

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

**Employer identification number** 01-0226195 ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL Name of the organization Department of the Treasury Internal Revenue Service

€ <u>e</u> 5 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 3 3 Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
				,			
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the organization ar	nswered "Yes" on Form 990	Part IV, line 34 bed	cause it had one or	more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	o)(13) d
				501(c)(3))		Yes	S S
LOCAL UNION #1253 IBEW PROPERTIES, INC							
	RENTAL SPACE	MAINE	501 (C)(2)	N.	N/A	×	
IBEW LU #1253 POLITICAL ACTION COMMITTEE -							
01-0226195, 176 MAIN ST., FAIRFIELD, ME	DOI:THICAL COMMITMER	MA TUE	527	Ż	ď/2	×	W
1253 HEALTH & WELFARE FUND - 29461, 176 MAIN ST., FAIRFIELD, ME	HEALTH AND WELFARE					P	,

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

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015 WORKERS 1253 LOCAL

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

01-0226195

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule 2 K-1 (Form 1065) y Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets **(b** Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) છ Direct controlling entity € Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

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Schedule R (Form 990) 2015

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL

Page 3

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Yes No

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Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>=</u>
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>			#	유
c Gift, grant, or capital contribution from related organization(s)			<u> </u>	ဍ
d Loans or loan guarantees to or for related organization(s)			<u> </u>	9
e Loans or loan guarantees by related organization(s)			16	<b>1</b>
f Dividends from related organization(s)			#	<b>=</b>
g Sale of assets to related organization(s)			1	19
h Purchase of assets from related organization(s)			<u> </u>	₽
i Exchange of assets with related organization(s)			<u>* </u>	F
j Lease of facilities, equipment, or other assets to related organization(s)			<u> </u>	=
k Lease of facilities, equipment, or other assets from related organization(s)			=	¥
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)		=	=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		<u>+</u>	Ē
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		-	두
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			16	9
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>			<u>+</u>	9
q Reimbursement paid by related organization(s) for expenses			10	4
r Other transfer of cash or property to related organization(s)			11	<b>+</b>
s Other transfer of cash or property from related organization(s)				\$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete the	nis line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	<u>k</u> ed
(1) LOCAL UNION #1253, IBEW PROPERTIES, INC.	Ж	10,800.RENT	RENT PAID	
(2)				
(6)				

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Schedule R (Form 990) 2015

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Page 4 01-0226195

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Schedule R (Form 990) 2015 WORKERS 1253 LOCAL

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Color   Colo	dir dir	١	I					1
Permany activity Legal domicine (e) (e) (fighted, income asserts country) sections 51/2-514 (e) (e) (fighted, income asserts country) sections 51/2-514 (e)	(k) Percenta Ownersh							
Permany activity Legal domicine (e) (e) (fighted, income asserts country) sections 51/2-514 (e) (e) (fighted, income asserts country) sections 51/2-514 (e)	aging Iner?					-		
Permany activity Legal domicine (e) (e) (fighted, income asserts country) sections 51/2-514 (e) (e) (fighted, income asserts country) sections 51/2-514 (e)	Gene Dart Yes			 				
Permany activity Legal domicine (e) (e) (fighted, income asserts country) sections 51/2-514 (e) (e) (fighted, income asserts country) sections 51/2-514 (e)	(i) Code V-UBI amount in box 2 of Schedule K-1 (Form 1065)							
Permany activity Legal domicine (e) (e) (fighted, income asserts country) sections 51/2-514 (e) (e) (fighted, income asserts country) sections 51/2-514 (e)	(h) propor- onate zations?	-						
Primary activity (country)	Ous affor	_				. =-		
Primary activity Legal domicile (redominant income pains) (a) (a) (b) (state or foreign cycluded from fax under country) (sections 512-514) (vel ko	(g) Share of end-of-year assets							
Primary activity (state or foreign sculpture)  Perdominant incompount (state or foreign sculpture)  Country)  Sections 512-514)								
Primary activity (state or foreign sculpture)  Perdominant incompount (state or foreign sculpture)  Country)  Sections 512-514)	Are all Thers sec 101(c)(3) orgs 3/ orgs 7/ orgs No							
Primary activity   Legal domicile (state or foreign country)	or der			 				
Primary activity   Legal domicile (state or foreign country)	(d) Predominant incon (related, unrelated excluded from tax un sections 512-514							ţ
Primary activity	(c) al domicile e or foreign country)		,					
Primary activity	Leg (stat							-
	(b) Primary activity							
(a) Vame, address, and EIN of entity								
	(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2015

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1253 LOCAL 01-0226195 Page 5 Schedule R (Form 990) 2015 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).