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# SCANNED APR 2 5 2017

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u> F	or the	2016 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	ation number
а	pplicable	IBEW LOCAL 51/NECA SAFETY CLOTHING AN	D		
	Addres _change	EDUCATION FUND			
	Name change	Doing business as		20-0'	793718
abla	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Final	3171 GREENHEAD DRIVE	110011110	· ·	726-8481
_	Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	G Gross receipts \$	295,804.
_	Amend				
╞	_lreturn ∏Applica			H(a) Is this a group re	
<u> </u>	⊥tion pendin	F Name and address of principal officer DOTTA BOTTASON		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status:501(c)(3)	or 527	4	list (see instructions)
		e: ▶ WWW.IBEW51.ORG	<del></del>	H(c) Group exemption	
		organization: Corporation X Trust Association Other ▶	L Year	of formation: 2004 N	State of legal domicile: IL
Pa	art I	Summary			
ĕ		Briefly describe the organization's mission or most significant activities PROV			
Activities & Governance	[ :	CLOTHING, EDUCATION, AND TRAINING TO ELEC	TRICAL	WORKERS.	
ř	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
<u>ن</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
Se	5	Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
ž.	6	Total number of volunteers (estimate if necessary)		6	0
Ę,	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
4.	8	Contributions and grants (Part VIII, line 1h)		0.	0.
age.		Program service revenue (Part VIII, line 2g)	·	289,065.	295,694.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	110.	110.
8	1		<b>—</b>	0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		289,175.	<u>295,804.</u>
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	58,000.	34,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	<u>0.</u>
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,014.	62,700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	209,014.	<u>96,700.</u>
		Revenue less expenses Subtract line 18 from line 12	<u> </u>	80,161.	199,104.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		527,031.	726,135.
SE SE	21	Total liabilities (Part X, line 26)	7   č[_	_0.	0.
캺	22	Net assets or fund balances Subtract line 21 from line 20	18	527,031.	726,135.
Pa	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		t, and eamplete. Declaration of preparer (other than officer) is based on all information of w			
		Jahr H. Jahran		4/4/17	··-
Sìg	, İ	Signature of officer	01	Date /	
Her		JOHN JOHNSON, BUSINESS MANAGER	( Sellerer	4/4/17	7
iiei	•	Type or print name and title		77 77. 1	
				Date Check	PTIN
D=:	. 1	Print/Type preparer's name  Preparer's signature	1	if	<b>-</b> -1
Paid		PHIL CAPPS PHIL CAPPS OF THE CA	17-10	74/03/17 self-employe	
	parer	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN	43-0352985
use	Only	Firm's address 1000 MYERS BUILDING		041	7 700 000
		SPRINGFIELD, IL 62701		Phone no. 21	7-789-0960
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)	· · · · · ·		X Yes No
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form <b>990</b> (2016)

# IBEW LOCAL 51/NECA SAFETY CLOTHING AND EDUCATION FUND

orm	990 (2016) EDUCATION FUND	20-0793718	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		
1	Briefly describe the organization's mission.		
	TO PROVIDE THE NECESSARY SAFETY CLOTHING, CONSTRUCTION	N EQUIPMENT,	
	QUALIFIED INSTRUCTORS, BOOKS, MODELS AND SITES WHERE :	INSTRUCTION AN	D
	PRACTICE ON THE AFORESAID EQUIPMENT CAN BE AVAILABLE !	ro eligible	
	PERSONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Э	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.	• •	
	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses	i.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported		
4a		evenue \$	
<del>-</del> 70	THE MAIN OBJECTIVE THE NECA SAFETY CLOTHING AND EDUCA		<u>то</u> ′
	PROVIDE TRAINING IN THE AREAS OF OSHA AND FIRST AID TO		
	THE TENTE THAT AND TO CAMPA MILE ALL THE PRINTENT MILE TO	.WINING •	
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		<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
4b	(Code) (Expenses \$) (R	levenue \$	)
			<del></del>
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$) (R	tevenue \$	)
•			
4.*	Other program applies (Deposits in Catastute O.)		
4d	Other program services (Describe in Schedule O.)	1	
4.0	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 53,000.		<del></del>
<u>4e</u>	Total program service expenses > 53,000.	Enm Q	90 (2016)
		i oilli ə	(CUIU)

EDUCATION FUND

			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		<u>X</u>
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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,			70"
	Part VI	11a		_ <u>X</u> _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С		11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		- 22
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
'	the organization's separate or consolidated initial organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
J	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		14a		X
b	The state of the s			
	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		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		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		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_	000	<u>X</u>
		Form	950	(2016)

20-	0	79	37	1	8	Pa

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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	1 ,		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 ,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	'		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? 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		X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	X	
		Form	990	(2016)

Form 990 (2016) EDUCATION FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance

20-0793718 Page 5

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a 12a 12a 18b 19 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  10a 10b 10b 11b 11a 11b 11a 11b 11b 11a		Check if Schedule O contains a response or note to any line in this Part V				
1s Enter the number reported in Box 3 of form 1096 Enter 0- in not applicable Enter the number of Forms WSQ included in line 11, Enter 0- if not applicable Od the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2s Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by the return.  1 It at least one is reported on hise 2d, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to effect enstructions)  3 Dd the organization have unreleded business gross is some of \$1,000 or more duming the year?  3 If "Yes," has it filed a Form 990 T for the year? If "No," to line 3b, provide an explanation in Schedule O  3 If Yes, and the sum of the organization than a short keep count, or other financial account; or explain the sum of the foreign country.  4 A tray time dump the celedary year, did the organization have an interest, no a singature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization approach that was or is a party to a prohibited tax shelter transaction and year than 1000, and did the organization solicit any contributions.  6 Was the organization and party for the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible or party or a prohibited tax shelter transaction any contributions or gifts were not tax deductible?  6 Was the organization reported a contribution or gifts were not tax deductible organization in the organization in	_				Yes	No
be Entex the number of Forms W2G included in line 1a, Enter-0*-0* find applicable  Out the organization comply with backup withholding nucles for reportable payments to vendors and reportable gaming (gambling) winnings to price winners?  2a Entex the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary 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 1 and 25 as greater than 250, you may be required to e-file (see instructions)  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b. If Yes, has filed a Form 990 of for the year? If Yis, 10 files 3b, promise an explanation an Schedule O  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filenancial account's (euth as a bank account, securities account, or other financial accounts?  5b. If Yes, 1 enter the name of the foregon country IP  8ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Blank and Financial Accounts (FBAR)  5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, 1 or line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction?  6c. If Yes, 1 or line 5a or 5b, did the organization file Form 888617?  6c. If Yes, 1 or line 5a or 5b, did the organization file Form 888617?  6c. If Yes, 2 or line 5a or 5b, did the organization file Form 888617?  6c. If Yes, 3 or line 5a or 5b, did the organization include with very scilicitation an express statement that such contributions or gifts  6c. If Yes, 3 or line 5a or 5b, did the organization mixture or the value of the goods or services provided?  6c. If Yes, 4 or line organization mixture or the value of the goods or services provided?  6d. If Yes, 5 or line 6a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without within the year covered by this return.  22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this return.  32 If the catendar year ending with or within the year covered by this return.  33 If the canadian service is specified on the 2st, did the organization field all required federal employment tax returns?  34 Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  35 Did the organization have unreleasted business gross income of \$1,000 or more dumpt he year?  36 If Yes, "has if filed a Form 990°T for this year? If No," to line 3b, provide an explanation in Schedule O.  36 If Yes, "has if filed a Form 990°T for this year? If No," to line 3b, provide an explanation in Schedule O.  37 Did If Yes, "and the great protein the companization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities and interest in, or a signature or other authority over, a financial account in a foreign country by such as a bank account, securities and an explanation in Schedule O.  38 Was the organization a party to a prohibited tax shelfer fransaction?  39 Des the organization appropriate the form 8880°T?  40 Des the organization analged ross receives that are normally greater than \$100,000, and did the organization scholar any contributions that there are not tax deductable?  40 Did the organization received a contribution of the payor?  41 Prive, "in did organization functive with over years statement that such contributions or gifts were not tax deductable?  42 Did the organization functive with reverse the value of the pool of the separation received a contribution of the value of the pool of the separation received a contribution of the value of the p		· · · · · · · · · · · · · · · · · · ·	_	, ,		1
(gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the catendar 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 ideal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?  3a 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 accounts?  3b If "Yes," enter the name of the foreign country b.  5c Was the organization apparty to a prohibited tax sheller transaction or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  55 Was the organization in party to a prohibited tax sheller transaction?  5c If "Yes," to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If "Yes," and the organization in Earth 1975 (1975 (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975						i
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3	b			2b	l	1
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule O  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 accounts. FIBAR)  5b 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 (FIBAR)  5c Was the organization a party to a prohibited star shelfer transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6c 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?  6c Define organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization only the donor of the value of the goods or services provided?  8d bif "Yes," did the organization selection of the value of the goods or services provided?  8d bif "Yes," did the organization selection and partly for goods and services provided to the payor?  7c If If "Yes," did the organization selection and partly for goods and services provided to the payor?  7d bif the organization selection and partly as a contribution and partly for goods and services provided to the generation of the selection of the value of the goods or services provided?  7d If "Yes," and the organization selection of the value of the goods or services provided?  8d Port of the organizat						
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization with the organization of the form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Th Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 501(c)(12) organizations. Enter.  a Is section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  If "Yes," enter the amount of reserves the organization in srequired to maintain by the states in which the organiz	7					ļ
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Form 990 (2016) **EDUCATION** 

EDUCATION FUND

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

	10 1110 04, 02, 01 100 200 11, 020 110 110 110 110 110 110 110 110 110			
	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 4			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 4			
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		<u> </u>
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		_ <u>X</u> _
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		<u>X</u> _
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		:	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a_	_	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40.		v
12a		12a		X
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	100		
40	In Schedule O how this was done	12c 13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		х
a h	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.va	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.54		
_	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
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) a	vailab	le	
-	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
-	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	JOHN JOHNSON - 217-726-8481			
	3171 GREENHEAD DRIVE, SPRINGFIELD, IL 62711			

Form 990 (2016) EDUCATION FUND 20-07

Part'VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if neither the organiz  (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Ē	_			夏		organization	(W-2/1099-MISC)	from the
	related	ste c	nster			eusa		(W-2/1099-MISC)		organization
	organizations	Ē	na tr		oyee	lğ.				and related
	below	Individual trustee or director	Institutional trustee	ķ	ᄩ	is st	Former			organizations
	line)	P P	Inst	Officer	Key	Highest compensated employee	For			
(1) MATT MOORE	0.50									
TRUSTEE		Х						0.	0.	0.
(2) JASON CARL	0.50									
TRUSTEE		x						0.	0.	0.
	0.50	- <u></u>		_						<u> </u>
(3) MIKE MUMM	0.30	x				1		0.	0.	0.
TRUSTEE	0.50	^	$\vdash$			1-		1	U •	<u> </u>
(4) SHANE STANLEY	0.50								_	•
TRUSTEE		X						0.	0.	0.
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	TVII Section A. Officers, Directors, True	stees, Key Eiii	JIOY	ees	an	a m	gne	St C	ompensated Employe	es (continuea)				
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	/d=		Pos		than		Reportable	Reportable		Esti	imate	d
		hours per	box	unle	ss pe	rson	ıs bot	h an	compensation	compensation	- }	amo	ount o	of
		week	<del></del> -	er an	dad	recto	or/trus	tee)	from	from related			ther	
		(list any	recto				İ		the .	organizations		comp		
		hours for related	i di	8		ľ	sated	1	organization	(W-2/1099-MIS	7		m the	
		organizations	ustee	trust		8	nge	ł	(W-2/1099-MISC)		-	orga and		
		below	haalt	tlona		훒	is co	_				orgar		
		line)	Individual trustee or director	institutional trustee	Officer	ey en	Highest compensated employee	Former				J. J		
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	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							▶.	0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportable				_
	compensation from the organization												- T	0
											_		Yes	No
3	Did the organization list any former officer		ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual									_	3		<u>X</u>
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d otl	ner compensation from	the organization				
	and related organizations greater than \$15	50,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	or such individual		<u> </u> _	4		X
5	Did any person listed on line 1a receive or	accrue comper	nsat	on f	rom	any	/ unr	elat	ed organization or indivi	dual for services		- 1	ĺ	
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	ıch	per	son					5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated inc	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensat	ion fr	om	
	the organization Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ıthır	the organization's tax	year				
	(A)								(B)	1	_	(C		
	Name and business	s address	N	INC	<u> </u>			_	Description of s	ervices	Co	mpen	sation	
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2	Total number of independent contractors	(including but n	ot lu	mıte	d to	tho	se li	sted	above) who received m	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(	0							

Form 990 (2016) 20-0793718 EDUCATION FUND Page 9 Part·VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (A) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 295,694. 900099 295,694. 2 a CLOTHING AND SAFETY Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 295,694. Investment income (including dividends, interest, and 110. 110. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  $\triangleright$ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

110

0.

295,

694

295,804

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2016) EDUCATION FUND
Part IX Statement of Functional Expenses

FUND 20-0793718 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 34,000. individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): a Management Legal 8,800 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses Information technology 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 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 0.) 53,000 TRAINING EXPENSE 900 OTHER FEES C d e All other expenses 96,700. Total functional expenses. Add lines 1 through 24e 25 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)

16) EDUCATION FUND

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 359,044. 160,050. Cash · non-interest-bearing 1 366,981. 367,091. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less, accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 527,031 726,135 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 0. 0. Total liabilities. Add lines 17 through 25 26 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 527,031. 726,135. 27 Unrestricted net assets 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. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 726,135. 726,135. 527,031 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 527,031

Form	990 (2016)	<u> 20-0793</u>	<u>718</u>	Pa	ge <b>12</b>
	rt·XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	5,8	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	6 <u>,</u> 7	00.
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	<u>7,0</u>	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	72	6,1	<u>35.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·			<u> </u>
		1		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1		}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			<u> </u>
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_ <u>X</u> _	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	abasis,			
	consolidated basis, or both:		1		}
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	ĺ		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such guidts		36		Į.

Form **990** (2016)

### **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.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

IBEW LOCAL 51/NECA SAFETY CLOTHING AND EDUCATION FUND

Employer identification number 20-0793718

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation leasements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2016 EDUCATION				<del></del>			<u>93718</u>	
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	ds, check ar	y of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	C	ı 🖳 Loa	ın or excl	hange programs				
b	Scholarly research	•	• L Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's co	ilections and expla	ın how they	further th	ne organization's e	xempt purp	ose in Part	ı XIII.	
5	During the year, did the organization solicit or			-		lar assets		7	
	to be sold to raise funds rather than to be ma							Yes	L No
Pai	t IV Escrow and Custodial Arran	_	ete if the org	ganızatıo	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par				_ <del></del>				
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for cor	itribution	s or other assets n	ot included		٦	<u></u>
	on Form 990, Part X?			•			L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tabl	е					
							<b></b> _	Amount	
	Beginning balance					1c_	<del> </del>		
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					_ <u>1e</u>			
f	Ending balance					<u>_1f</u>	<del>ا</del>	<del></del>	<del></del>
	Did the organization include an amount on Fo						. L_	Yes	No
Pai	If "Yes," explain the arrangement in Part XIII.  T V Endowment Funds. Complete if								<del></del>
T al	Lindowinient i dilds. Complete ii						voore book	(e) Four v	voore book
	Deciminate of vices belongs	(a) Current year	(b) Prior	year	(c) Two years back	(a) Tillee	years back	(e) Four y	lears back
1a	Beginning of year balance		<b>!</b>		<del></del>	<del> </del> -		<u> </u>	
D	Contributions		<del> </del>			<del> </del>			<del></del>
<u>ر</u> د	Net investment earnings, gains, and losses		<del> </del>			<del>                                     </del>		<b> </b>	
ď	Grants or scholarships Other expenditures for facilities					+			
e			Ì		ı				
	and programs Administrative expenses					<del> </del>			
'	End of year balance		<del> </del>			<del>                                     </del>		<del></del>	
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1a. c	column (a	a)) held as			<del></del>	<del></del>
a.	Board designated or quasi-endowment	one your one balan	%	, o.a	,,, no.g ao				
b	Permanent endowment	%							
c	Temporarily restricted endowment	%							
ŭ	The percentages on lines 2a, 2b, and 2c sho	<del></del>							
За	Are there endowment funds not in the posse	·	ation that a	re held a	nd administered fo	r the organi	zation		
	by:					<i>3</i>		Ţ,	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	red on Sche	edule R?			•	3b	
_4	Describe in Part XIII the intended uses of the	organization's end	owment fun	ds					
Pa	rt VI Land, Buildings, and Equipm						-	<del></del>	
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, III	ne 11a S	See Form 990, Part	X, (ine 10			
	Description of property	(a) Cost or o	I .			Accumulat	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	depreciation	<u> </u>		
1a	Land .								
b	Buildings .								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	LAdd lines 1a through 1e (Column (d) must e	qual Form 990 Pan	t X column	(R) line 1	(Oc.)				0.

EDUCATION FUND

Schedule D (Form 990) 2016 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. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (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. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (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)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the tootnote 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.

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EDUCATION FUND

632054 08-29-18

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 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 295,804. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2h b Donated services and use of facilities c Recoveries of prior year grants Other (Describe in Part XIII.) 2e Add lines 2a through 2d 295,804. 3 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 Other (Describe in Part XIII.) 0. 4c Add lines 4a and 4b 295 804. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 96,700. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d 2e Add lines 2a through 2d 96,700. 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 Other (Describe in Part XIII) 0. 4c c Add lines 4a and 4b 700. 96 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 FUND HAS ADOPTED THE ACCOUNTING STANDARDS FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE PRESCRIBES A COMPREHENSIVE MODEL FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS. THE IMPLEMENTATION OF THE STANDARDS HAD NO NET EFFECT ON NET ASSETS. THE FUND HAS RECOGNIZED IN THE FINANCIAL STATEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. THE FUND IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE

# SCHEDULE (Form 990)

Internal Revenue Service | PInformation about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization IBEW LOCAL 51/NECA SAFETY CLOTHING AND Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public 2016 OMB No 1545-0047

Inspection

Name of the organization IBEW LOCAL 51/NECA	L 51/NECA	SAFETY	CLOTHING AND				Employer identification number 20-0793718
Part   General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or as	sistance, and the select	[
critena used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	izations and Domesti	c Governments.	Complete if the orga	ınızatıon answered "`	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	: IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II car	be duplicated if addit	ional space is nee	ded.			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
			_				
		_					
	nd government o	rganizations listed in t	isted in the line 1 table				
~	s listed in the line						
LHA For Paperwork Reduction Act Notice, see the Instructions for Fori	, see the instruct	tions for Form 990.					Schedule I (Form 990) (2016)

# IBEW LOCAL 51/NECA SAFETY CLOTHING AND EDUCATION FUND

Schedule I (Form 990) (2016)

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

Page 2

20-0793718

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information STIPENDS ARE USED FOR ELECTRICAL WORKER TRAINING COURSES. THE TRUSTEES OVERSEE THE TRAINING PROVIDED AND PROVIDE THE STIPENDS AS A PART OF (d) Amount of non-cash assistance 34,000 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance RECEIVING THE TRAINING. 2 LINE TRAINING STIPENDS PART I, Part IV

Schedule I (Form 990) (2016)

632102 11-01-16

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

IBEW LOCAL 51/NECA SAFETY CLOTHING AND

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Employer identification number

Inspection

20-0793718 EDUCATION FUND FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUCH COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE BOARD DOES NOT REVIEW THE 990 PRIOR TO IT BEING FILED. THE SIGNING OFFICER REVIEWS THE 990 PRIOR TO SIGNING AND FILING. FORM 990, PART VI, SECTION C, LINE 19: THE LOCAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAIABLE FOR PUBLIC INSPECTION AT THE LOCAL'S OFFICE.