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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2016 calendar year, or tax year beginning 2016, and ending D Employer identification number Check if applicable INTERNATIONAL BROTHERHOOD OF ELECTRICAL Address change 35-0782423 WORKERS LOCAL 1393 Telephone number Name change 3645 S. EAST STREET 317.791.1362 Initial return INDIANAPOLIS, IN 46227 Final return/terminated G Gross receipts \$ 2,807, Amended return H(a) Is this a group return for subordinates F Name and address of principal officer Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status 501(c)(3) X 501(c) (5 (insert no.) 4947(a)(1) or Website: ► IBEWLOCAL1393.COM H(c) Group exemption number ▶ Association Form of organization X Corporation Trust Other P L Year of formation. 1944 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS, AND BENEFITS Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 29 Total number of volunteers (estimate if necessary) 6 0 Ò. Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Current Year **Prior Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 9 2,647,774 2,806,157. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 947 1,315 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12

Total revenue — add lines 8 through 11 (must lequal Part VIII, column (A) line 12) 2,807,472. 2,648,721 13 Grants and similar amounts paid (Part IX, column (A),-lines 1-3). Benefits paid to or for members (Part IX, column (A), Fine 4). 743,946 792,679. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,265,827 1,187,381. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 802,205 716,540. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,811,978 2,696,600. Revenue less expenses Subtract line 18 from line 12 -163,257 110,872. **End of Year Beginning of Current Year** Total assets (Part X, line 16) 1,101,841. 1,249,236. Total liabilities (Part X, line 26) 21 152,670. 189,193. Net assets or fund balances Subtract line 21 from line 20 949,171 1,060,043 Part II Signature Block Under penalties of perjury, I declare complete Declaration of preparer (q nying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and h preparer has any knowledge

-10 -1 Sign Here ROBERT FOX BUSINESS MGR Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date X if Check 540.17 MULLEN, CPA JEFFREY A LEN, P00007660 **Paid** self-employed Preparer JEFFREY A. MULLEN, CPA, Use Only 35 E POPLAR STREET Firm's EIN > 02-0735385 ZIONSVILLE, IN 46077-1549 317-938-0309 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form	990 (2016			L BROTHERHO				<u>35-0</u>	78242	3	_ F	age 2
Par			_	n Service Acc	•							
					note to any	line in this Part III		. <u></u>				
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	BARGAI	NING AGE	<u>nt seek</u>	ING PROPER	WORKING	<u>CONDITIONS,</u>	PAY LEVELS,	<u>AND</u> BE	NEFIT	<u>'S</u>		
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2	Did the org	anization unde	ertake any s	significant program	services duri	ng the year which we	ere not listed on the	prior	_		_	
	Form 990	or 990-EZ?								Yes	X	No
	If 'Yes,' de	escribe these	new service	es on Schedule	0.				_			
3	Did the or	ganızatıon ce	ase conduc	cting, or make sig	gnificant char	nges in how it cond	lucts, any program	services?		Yes	X	No
	If 'Yes,' de	escribe these	changes o	n Schedule O					_			
4	Describe I	the organizati	on's progra	am service accon	plishments f	or each of its three	largest program se	ervices, as r	neasure	d by e	xpen	ses
	Section 50	01(c)(3) and 5	501(c)(4) or	rganizations are	required to re	eport the amount of	e largest program se f grants and allocat	ions to othe	rs, the	otal e	kpens	es,
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				in Schedule O.)	aranta st. 1	•	\	<u>ب</u>			,	
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4 e	lotal prog	ram service e	expenses	<u> </u>								

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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		<u> </u>
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		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	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	11 b		X
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
(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	11 d		<u>x</u>
•	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		X
i	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
,	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14Ь		<u>X</u>
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 (see instructions).	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		Х

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?	20Ь		
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		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes</i> ,' <i>complete Schedule J</i>	23	_	x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
t	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	i	
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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		х
	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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	of f '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		Х
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	(00:5
BAA		Form	990 ((2016)

	Check if Schedule O contains a response or note to any line in this Part V				
	•			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 72			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 29			
	$oldsymbol{c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners? .	,	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 29		v	-
	b If at least one is reported on line 2a, did the organization file all required federal employment		2 b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	-			v
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ir?.	3 a		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		3 ь		<u> </u>
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country:		İ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	· · · · ·	_		.,
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5 c		<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			_	
	Form 8282?		7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	$oldsymbol{e}$ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
	h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
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		Х
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		X
	${f b}$ Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		X
10	Section 501(c)(7) organizations. Enter.]
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10Ь			
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .	126			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
	a is the organization licensed to issue qualified health plans in more than one state? .		13a		<u>L</u>
	Note. See the instructions for additional information the organization must report on Schedu	le O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				}
		13b			į
	c Enter the amount of reserves on hand	13c			U
14	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X
2 4	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q .	146	000	(2016
BΑ	TEEA0105L 11/16/16		rorm	990	12010

Form 990 (2016) INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35-0782423 Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 18 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 18 1 h 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 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 Х Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a 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? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? X 86 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a X 10a Did the organization have local chapters, branches, or affiliates? 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 X 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? a The organization's CEO, Executive Director, or top management official 15 a X $\overline{\mathbf{x}}$ **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

BARBARA HEDGE 3645 S. EAST STREET

INDIANAPOLIS IN 46202 317.791.1362

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

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

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

Check this box if neither the organization nor any relate	ed organiz	ation	com	per	ısate	d any	cur	rent officer, directo	or, or trustee			
(C) Position (do not check more												
(A) Name and Title	(B) Average hours per				- ((D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	per week (list any hours for related organiza- trons below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) ROBERT FOX	$-\frac{40}{2}$							440.050				
BUSINESS MGR/FS	0	X	\vdash \vdash	X	_	├ ──┼	-+	110,953.	0.	0.		
(2) MICHAEL EDWARDS	_ 30 _	}	1 1		1		}	}	_			
PRESIDENT	0	X	\vdash	X	<u> </u>	\vdash	4	7,192.	0.	0.		
(3) RONALD THOMPSON	_ 20 _						-		_	_		
VICE PRESIDENT	0	X	\vdash	X		 	-+	1,661.	0.	0.		
(4) ROBERT MADDEN	_ 20 _		1]	1 1	1		_ [_		
TREASURER	0	X		X	<u> </u>		4	3,281.	0.	0.		
_(5)_RICHARD_BYRER	_ 20 _		1		1	1	- 1	_				
RECORDING SEC	0	X	 	X			_	1,347.	0.	0.		
(6) JAMES ALEXANDER	_10_	1	i i		1		i					
EBOARD	0	X			<u> </u>		4	1,402.	0.	0.		
(7) KEVIN CRULL	_10_	}	1		ĺ	}	ı	ì	1			
EBOARD	0	X					\perp	6,398.	0.	0.		
(8) JAMES FITZGERALD	_ 10 _	}			}	1	- {	}				
EBOARD	0	X					\perp	1,420.	0.	0.		
(9) GARY HENRY	10_	}	}				1					
EBOARD	00	X	<u> </u>				_\	570.	0.	0.		
(10) MARK KELLEY	10	-	[
EBOARD	0	<u> </u>						5,901.	0.	0.		
(11) ZACHARY KOLB	10	}					\neg					
EBOARD	0	<u> </u>	_				- {	8,644.	0.	_0.		
(12) BRENT LEWIS	10						\neg					
EBOARD	0	 x			}		- {	6,551.	0.	0.		
(13) TIMOTHY OVERMAN	10						\neg					
EBOARD	0	X	[]		ļ	[[- 1	2,346.	0.	0.		
(14) CHUCK OWENS	10						\dashv					
EBOARD	0	X				{	-	820.	0.	0.		
BAA	TEEA0	107L	11/16	J/16						Form 990 (2016)		

	(B)	Γ	-	((C)	-	T				
(A)	Average	(do	Position (do not check more than one		e (D)	(E)		(F)			
Name and title	hours per	offi	, uni cer a	ess po	erson direct	is both a or/trustee	compensation from	Reportable compensation from	amo	stimated unt of oth	her
	week (list any hours	e a	3	ਊ	<u>\$</u>	율품	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	pensation rom the	
	for related	or director	Ē	Officer	yem	Highest co			an	anization d related	i
	organiza - tions	ğ. <u>₽</u>	즲		Key employee	ြိတ္ဆ	`	,	org	anızatıon	is
	below dotted	individual trustee or director	nstitutional trustee		8	E S	,				
	line)	ľ°	e			Highest compensated employee					
(15) DONALD SMALL	10	├	_	-		\vdash	 -				
EBOARD		x		}	ĺ		3,630.	0.			0.
(16) WILLIAM WALKER	10	<u> </u>	-	+-	 	-	3,030.				
EBOARD	0-	X			ļ		3,549.	0.			0.
(17) GARY WINSTEAD	10			İΤ		† †	3,3121				
EBOARD		X	ļ	Ĺ	ļ		1,481.	0.			0.
(18) ANTHONY VANZO	10	1	Γ		T		 			_	
EBOARD 0 X 3,065. 0. 0.											
19) JOHN COCHRAN 10 5,000:											
AGENT	0	X					1,000.	0.			0.
(20) RANDY GARDINER	10_									_	
AGENT	0	X	L	<u> </u>	<u> </u>		1,000.	0.			0.
(21) ALEXANDER WIRRIG	10_	}		1	}	1 1					
STEWARD	0	X	<u> </u>	↓ _	<u> </u>		628.	0.			0.
(22) BRIAN AMRHEIN	1_10_	ļ		{	}	1	1				_
STEWARD	0	X		╁	├—		893.	0.			0.
(23) CASEY HORTON	- <u>10</u> -	\	ļ		ļ		065				0
STEWARD (24) CHRISTOPHER MOSCRID	10	X	⊢	├	\vdash	\vdash	965.	0.			0.
(24) CHRISTOPHER MOSCRIP STEWARD	6-	x	ĺ				973.	0.			0
(25) CHRISTOPHER WILSON	10	 ^	-	+-	├	\vdash	913.				_0.
STEWARD	- - 6-	X					1,915.	0.			0.
1 b Sub-total		1	Ь.	Щ.	٠.	-	177,585.	0.	L— -		0.
c Total from continuation sheets to Part VII, Secti	on A					-	37,667.	0.			0.
d Total (add lines 1b and 1c)						-	215,252.	0.			0.
2 Total number of individuals (including but not limited	to those I	ısted	abo	ve) v	who	receive		00 of reportable comp	ensatio	n	
from the organization 1											
										Yes	No
3 Did the organization list any former officer, direc	tor, or tru	stee,	, ke	y en	nploy	yee, or	highest compensation	ted employee			
on line 1a ³ If 'Yes,' complete Schedule J for suc							•	• •	3		X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mp	ensa	tion	and o	ther compensation	from	1		
the organization and related organizations greate such individual	er unan pi	50,0	00:	"	res,	comp	iete Scriedule J for		4		Х
5 Did any person listed on line 1a receive or accru	e comper	satio	on f	rom	anv	unrela	ted organization or	ındıvidual			
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	,' comple	te S	che	dule	J fo	r such	person .	<u>::</u>	5		<u>X</u>
Section B. Independent Contractors			-1					6100.000	_		
1 Complete this table for your five highest compen compensation from the organization. Report compen-	sated indi sation for	epen the c	aen aler	it coi idar	ntrac year	ctors tr endinc	nat received more ti I with or within the or	nan \$100,000 or 'qanızatıon's tax year			
(A) Name and business add			_				(B)			C)	
Name and business add	ress						Description	of services	Comp	eńsatio	n
FILLENWARTH DENNERLINE GROTH & TOWE, LLP 4	129 E. V	ERMO	TNC	ST	REE1	r, su	ITLAW FIRM			45,7	783.
Table 1	 										
2 Total number of independent contractors (including t		ned t	o th	ose	usted	apove	y wno received more	tnan			
\$100,000 of compensation from the organization									F	000	2015
		TEEA	צטוע	L 11/	10/16				Lorm	JJU ((2016)

		Check if Schedule O contains	s a response or note to	o any	Ine in this Part V	711		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns	1 a		·			012 014
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1 b					
°. ₹	0	: Fundraising events.	1 c					
ar E	0	Related organizations	1 d					
S.E.	e	Government grants (contributions)	1 e]				
ţi S	f	All other contributions, gifts, grants, and similar amounts not included above	1					
草葉								,
od St	9	Noncash contributions included in lines 1	a-1f. \$					
<u>∿</u>	<u> </u>	Total. Add lines 1a-1f	8					
Ĕ	2 a	AND THE RESERVE TO TH	Business Code	•	0 006 155		-	
Program Service Revenue	Z a		MENTS		2,806,157.			2,806,157.
9	ے ا	<u> </u>		\rightarrow				
Ě				\dashv				
SE	e			\dashv	·			
<u>a</u>	f	All other program service reven	ue ue			-		
P	g	Total. Add lines 2a-2f	<u> </u>	-	2,806,157.			
	3	Investment income (including di	ividends, interest and		_, ,			
	_	other similar amounts) .		•	1,315.			1,315.
	4	Income from investment of tax-	exempt bond proceeds	s. ►				
	5	Royalties	т.	•				
	6-	Gross rents.	Real (II) Personal					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•	*			
		() Co.	curities (ii) Other	-1				
	/ a	Gross amount from sales of assets other than inventory	(4) 5 (1)					
		Less: cost or other basis						
	, i	and sales expenses		Ì				
	С	Gain or (loss)						
	d	Net gain or (loss)		•			-	
Đ.	8 a	Gross income from fundraising of	events					
Other Revenu		(not including \$						
ě		of contributions reported on line	: IC)					
r F		See Part IV, line 18	a					
the.		Less: direct expenses .	D	_				
0		Net income or (loss) from fundra		-				
	9 a	Gross income from gaming activities See Part IV, line 19	vities. a l					
		Less. direct expenses	ь	\neg				
	c	Net income or (loss) from gamir	ng activities	-				
	10 a	Gross sales of inventory, less reand allowances	eturns			 	 -	
			. a					
		Less: cost of goods sold	. b					
	С	Net income or (loss) from sales		•				
		Miscellaneous Revenue	Business Code					
	11 a			_				
	b			_				
Į	C	All albertaneous		_				
-		All other revenue		_				
		Total. Add lines 11a-11d	• •					
	12	Total revenue. See instructions			2,807,472.	0.	0.	2,807,472.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b, 1	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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 .	792,679.			
5	Compensation of current officers, directors, trustees, and key employees	215,252.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	598,238.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	216,284.			
9	Other employee benefits	90,390.			
10	Payroll taxes	67,217.			
_	Fees for services (non-employees).				
	Management				
t	Legal	145,783.			
c	Accounting ,	13,000.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties.				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	68,321.			
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	17 157			<u> </u>
23	Insurance	47,157. 27,111.			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	21,111.			
а	OFFICE AND BUILDING EXPENSES	108,073.			
b	GRIEVANCE AND ARBITRATION	66,989.			<u> </u>
C	<u> </u>	59,959.			
d	702 01 02 01 01 01 01 01 01 01 01 01 01 01 01 01	39,776.			
	All other expenses	140,371.		ļ	
	Total functional expenses. Add lines 1 through 24e	2,696,600.			
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				
BAA	SOP 98-2 (ASC 958-720)			l	Form 600 (2016)
DAH		TEEA0110L 11/	16/16		Form 990 (2016)

34

BAA

Total liabilities and net assets/fund balances

34

1,249,236

Form 990 (2016)

101,841

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 451,361 569,657. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 2,000 8 2,000. Prepaid expenses and deferred charges 9 9,126 10,184. 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D . . . 10a .164.249 b Less accumulated depreciation 10 b 496,894 639,314 10 c 667,355. 11 Investments - publicly traded securities. 11 40 40. Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,101,841 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,249,236. 17 Accounts payable and accrued expenses 17 50,580 50,995 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties. 23 66,717. 42,539 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 59,551 71,481. 26 Total liabilities. Add lines 17 through 25 152,670 189,193. Organizations that follow SFAS 117 (ASC 958), check here > and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets. . 28 Permanently restricted net assets 29 X 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 30 949,171 1,060,043. Paid-in or capital surplus, or land, building, or equipment fund. 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 949,171 1,060,043.

TEEA0111L 11/16/16

	. <u></u>	0/024	<u> </u>	<u>га</u>	ge 12
Pai	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XL .	·			
1	'Total revenue (must equal Part VIII, column (A), line 12) .	1	2,8	07,4	172.
2	Total expenses (must equal Part IX, column (A), line 25) .	2	2,6	96,6	500.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	10,8	372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	49,1	71.
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	1 0		142
Da	rt XII Financial Statements and Reporting	101	1,0	60,0	143.
Га					
	Check if Schedule O contains a response or note to any line in this Part XII	·	<u> </u>		$\perp \! \! \! \! \! \perp$
			F	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	İ	,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		E		,
2 8	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 review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ŀ	Were the organization's financial statements audited by an independent accountant?		2 Ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis	ate			1
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	t,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	dıt 	3 b		
BAA	· · · · · · · · · · · · · · · · · · ·	_	Forn	n 990	(2016)

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

35-0782423

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Pos	ition (check	all t	hat app	"	Reportable	Reportable	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CORY BERG STEWARD	$\frac{10}{0}$	Х						1,506.	0.	0.
DEAN SCHMETT	10		├-	Н	۲.		-	1,300.		
STEWARD		х						1,435.	0.	0.
EDWARD REDNOUR	10						\vdash	1,100.		
STEWARD		х		ĺ				676.	0.	0.
JOHN THOMPSON	10									
STEWARD		Х	1					706.	0.	0.
MATTHEW WILSON	10									
STEWARD	0	<u> </u>	_					628.	0.	0.
ROBERT JINES										
STEWARD	0	X					L_	2,780.	0.	<u> </u>
STEVEN HAZELWOOD]					ì	_]	
STEWARD	0	X						643.	0.	0.
TRAVIS_BELL	$\frac{10}{2}$						1		_ \	
STEWARD	0	X	 	\vdash				643.	0.	0.
WADE KIRBY								1 700		•
STEWARD CRICCS	10	Х	-				\vdash	1,790.	0.	0.
MICHAEL GRIGGS STEWARD		Х						992.	0.	0.
SHANE JENKINS	10		-	\vdash	_		\vdash	332.		
STEWARD		х	ĺ					2,000.	0.	0,
VIRGIL MASTERS	10	<u> </u>	1	\vdash	_		\vdash	2,000.		
ALBAT COMM		х					1 1	2,103.	0.1	0.
WILLIAM ERICKSON	10	 -								`
ALBAT COMM		х	1	} }				3,563.	0.	0.
IVAN BAKER	10									
DELEGATE		X		_				1,990.	0.	0.
ALAN MILLER	10									
NEGOT COMM	0	X	_					1,677.	0.	0.
CYNTHIA RIGGS		Į				}		_		
NEGOT COMM	0	X	<u> </u>					972.	0.	0.
DANIEL_LOVE	10	ļ	1				1		Ì	
NEGOT COMM	0	X	_			L		1,619.	0.	0.
DONELY_FRANKLIN			{				{ }		į	
NEGOT COMM	0	X	ļ	\sqcup				1,133.	0.	0.
ELMER HOGUE		ł	Į					-		-
NEGOT COMM	0	X	├-	\vdash			\vdash	638.	0.	0.
GEORGE TINDALL	$-\frac{10}{2}$	ļ ,,							ا	•
NEGOT COMM	0	X	├-	\vdash			\vdash	638.	0.	0.
JESSE DUNCAN	$$ $-\frac{10}{2}$ $-$		}			ĺ		1 610	_	•
NEGOT COMM		X	<u> </u>			L	لـــا	1,619.	0.1	0 . Form 990 Cont 2016

Form 990 Cont 2016

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

35-0782423

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Er	nployee	S				-	•			
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN EHLER	_10_							0.70		
NEGOT COMM KURT HARRIS	10	_ X_					\vdash	830.	0.	0.
NEGOT COMM	0-	Х						1,030.	0.	0.
MICHAEL TROWBRIDGE	10									
NEGOT COMM	0	X						3,030.	0.	0.
RICK CLARK NEGOT COMM	$-\frac{10}{0}$	·						1 025	0	0
RYAN STORER	10	X			-			1,025.	0.	0.
NEGOT COMM	0 -	х						830.	0.	0.
THOMAS BURKS	_10_									
NEGOT COMM	0	_X_	_	_				811.	0.	0.
THOMAS MARONEY UNIT 6 CHAIRMAN	_ <u>10</u> _	х						180.	0.	0
CLARENCE SIEVEKING	10			<u> </u>			-	180.		0.
UNIT 8 RECORDER		Х						180.	0.	0.
								!		
		ļ 								
										Farm 000 Cart 2016

SCHEDULE D (Form 990)

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

	WORKERS LOCAL 1393	35-0782423
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds (b) F	unds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year .	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor impermissible private benefit?	ed only
Par		
rat	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified	-
	Preservation of open space	This is a structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	vation easement on the
_	last day of the tax year.	valion casement on the
		Held at the End of the Tax Year
a	Total number of conservation easements	
Ŀ	Total acreage restricted by conservation easements . 2b	
c	Number of conservation easements on a certified historic structure included in (a) . 2c	
c	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ►	on during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viol	ations,
	and enforcement of the conservation easements it holds?	∐Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
•	· 	(A) (D) ()
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?	∐Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements	, and balance sneet, and organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Sir Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	nilar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	nt and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of in Part XIII, the text of the footnote to its financial statements that describes these items	public service, provide,
t	olf the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items.	nd balance sheet works of art, lic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	. ►\$
	(ii) Assets included in Form 990, Part X.	▶\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	vide the following
a	Revenue included on Form 990, Part VIII, line 1	. > \$
b	Assets included in Form 990, Part X.	► \$

				• • •	
Schedule D (Form 990) 2016 INTE	RNATTONAL	BROTHERHOOD O	F ELECTRICAL	35-078	32423 Page 2
Part III Organizations Mainta					
Using the organization's acquisition 'items (check all that apply)					
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other	•		
c Preservation for future gene	rations				
4 Provide a description of the organi Part XIII.	zation's collecti	ons and explain how the	y further the organization'	's exempt purpose in	
5 During the year, did the organization be sold to raise funds rather to	than to be mai	ntained as part of the o	organization's collection	?	Yes No
Part IV Escrow and Custodia line 9, or reported an	al Arrangen amount on	ents. Complete if Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or other intermediary	for contributions or oth	er assets not included	Yes No
b If 'Yes,' explain the arrangemen	t in Part XIII a	nd complete the follow	ıng table:		
				<u> </u>	Amount
c Beginning balance			•	1 c	
d Additions during the year				1 d	
e Distributions during the year			•	1 e	
f Ending balance			• •	. 1f	
2a Did the organization include an				_	☐ Yes ☐ No
b If 'Yes,' explain the arrangemen	t in Part XIII	Check here if the explain	nation has been provide	ed on Part XIII	
			_ 		
Part V Endowment Funds.					
1 a Beginning of year balance.	(a) Current	year (b) Prior yea	ar (c) Two years bac	k (d) Three years back	(e) Four years back
b Contributions			_+		
b Contributions					+
c Net investment earnings, gains, and losses					
d Grants or scholarships				_	
e Other expenditures for facilities and programs					<u> </u>
f Administrative expenses	<u> </u>				
g End of year balance					
2 Provide the estimated percentage		- ·	ne 1g, column (a)) neid	as:	
a Board designated or quasi-endown		 %			
b Permanent endowment	 *	0.			
c Temporarily restricted endowme					
The percentages on lines 2a, 2b, a	ina 2c snoula e	quai 100%.			
3a Are there endowment funds not in organization by:	the possession	of the organization that	are held and administered	d for the	Yes No
(i) unrelated organizations		•		•	3a(i)
(ii) related organizations		•	•	•	3a(ii)
b If 'Yes' on line 3a(ii), are the rel	_				3b
4 Describe in Part XIII the intende			ent funds		
Part VI Land, Buildings, and			000 D . "." . "		00 0 4 14 4 4 4 4
Complete if the organ	iization ans	wered 'Yes' on For	m 990, Part IV, line	e 11a. See Form 9	90, Part X, line 10.
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		63,240.		63,240.
b Buildings		698,682.	203,147.	495,535.
c Leasehold improvements		61,305.	61,305.	0.
d Equipment	[276,404.	167,824.	108,580.
e Other		64,618.	64,618.	0.
otal. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, c	olumn (B), line 10c).		667,355.

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Schedule **D** (Form 990) 2016

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Schedule D (Form 990) 2016 INTERNATIONAL BROT	HERHOOD OF ELE	CTRICAL	35-078	2423	Page 3
Part VII Investments - Other Securities.		N/A		20 D + V	ı. 10
Complete if the organization answered					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion. Cost or end-or-	year market valu	<u></u>
(1) Financial derivatives(2) Closely-held equity interests				— 	
(3) Other					
(A)			<u> </u>		
(B)					
					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
<u>(I)</u>					
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)					
Part VIII Investments – Program Related. Complete if the organization answered	L'Yes' on Form 990	N/A Part IV. line 11c.	See Form 99	0 Part X	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation			
(1)	•				
(2)					
(3)					
(4)					
(5)	l				
(6)					
(7)					
(8)					
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)					
Part IX Other Assets.	N/A				
Complete if the organization answered	Yes' on Form 990	0, Part IV, line 11d.	See Form 99		
	scription			(b) Book v	/alue
(1) (2)					
(3)					
(4)					
(5)					
(6)					
<u></u>					
(7) (8) (9)					
(10)				 _	
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)				
Part X Other Liabilities.	, <u> </u>				
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990,	Part X, line 25		
(a) Description of liability	(b) Book value				
(1) Federal income taxes	T. 42.00	 			
(2) ACCRUED SALARIES, WAGES AND BENEFT (3) DUE TO ESCROW FUND	IT 43,99 27,48				
(4)	21,40	'''			
(5)					
(6)					
<u>(7)</u>		_			
(8)		_			
(9) (10)					
_,	,	r			

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 71, 481.

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.

(11)

Schedule D (Form 990) 2016	INTERNATIONAL.	BROTHERHOOD	OF	FLECTRICAL

Schedule D (Form 990) 2016 INTERNATIONAL BROTHERHOOD OF ELEC	TRICAL	<u>35-0782423</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990,	, Part IV, line 12a.		
1 'Total revenue, gains, and other support per audited financial statements		. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities .	2 b		
c Recoveries of prior year grants .	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 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 Statem	nents With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990,	, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments .	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d	7	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Amounts included on Form 950, Fait 1A, line 25, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)	4 a 4 b		
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 	4 b	4c	
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)	4 b	4c 5	

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

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Schedule **D** (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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 Inspection

Department of the Treasury Internal Revenue Service

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1393

Employer identification number

35-0782423

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

SEVERAL MEMBERS OF THE AUDIT COMMITTEE AND BOOKKEEPER REVIEW THE 990 PREPARED BY THE INDEPENDENT CPA FIRM.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE LOCAL UNION FILES IT FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT VIA THE DEPARTMENT OF LABOR WEBSITE, WHICH IS AVAILABLE TO THE PUBLIC VIA THE DOL.