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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

2016

DLN: 93493293013337 OMB No 1545-0047

Department of the Treasury

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

Open to Public

mema.	Reven	ue Service							Inspec	LION
Fo	r the	2016 c	alendar year, or tax year begin	ning 07-01-2016 , and ending 0	6-30-2	017				
Che	ck ıf ap	plicable	C Name of organization INTERNATIONAL BROTHERHOOD OF	ELECTRICAL			D Employ	er identif	fication nui	mber
	dress cl	-	WORKERS 1253 LOCAL	ELECTRICAL			01-022	6195		
	me cha	-	Doing business as							
Fin.	al retu al	ım	.							
	n/term			all is not delivered to street address) Rooi	m/suite		E Telephon	ie number	ī	
	ended	return n pending	176 MAIN STREET				(207) 4	53-1301		
⊔ API	Jilcatioi	n pending	City or town, state or province, cour	ntry, and ZIP or foreign postal code						
			FAIRFIELD, ME 04937				G Gross re	ceipts \$ 3	94,602	
			F Name and address of principa	l officer	Н	l(a) Is this	a group re	turn for		
			CHARLES FRASER 176 MAIN STREET				linates?		□Ye	s 🗹 No
			FAIRFIELD, ME 04937		н	I(b) Are all include		:es	□Ye	s 🗆No
Tax	-exem	pt status	☐ 501(c)(3) ☑ 501(c)(5) ◄	(insert no) 4947(a)(1) or 52	27		" attach a l	ıst (see	: instructio	ns)
W	ebsite	e:► WW	W IBEW1253 ORG		— н	I(c) Group				•
Form	n of org	ganization	✓ Corporation ☐ Trust ☐ Asso	ociation D Other ►	L,	Year of forma	tion 1946	M State	of legal don	nicile ME
Pa	rt I	Sumi								
			scribe the organization's mission o	r most significant activities ITIONS FOR WORKERS, THE IMPROV	/EMENT	OF THE GR	ADE OF TH	EID DDO	DUCTS AN	D THE
υ				CIENCY IN THEIR RESPECTIVE OCCU			ADL OF THE	LIK FROI	DOC13 AN	D IIIL
2										
12	_									
12.	_									
GOVERNALICE				scontinued its operations or disposed			of its net a		1	
	3 1	Number o	of voting members of the governing	ng body (Part VI, line 1a)				3		8
Activities &	4 1	Number o	of independent voting members of	the governing body (Part VI, line 1b) .			4		7
	5 7	Total num	nber of individuals employed in ca	lendar year 2016 (Part V, line 2a) .				5		3
3	6 7	Total num	nber of volunteers (estimate if neo	cessary)				6		0
ŧ	7a 🗆	Total unre	elated business revenue from Part	: VIII, column (C), line 12				7a		0
	b 1	Net unrel	ated business taxable income from	n Form 990-T, line 34			•	7b		0
				•		Pric	or Year	\dashv	Current	Year
	8 (Contribut	ons and grants (Part VIII, line 1h)				0		C
Ravenua			• • •)			318,0			392,490
ŀōΛi		-	, , ,	lines 3, 4, and 7d)				554		2,054
œ.			renue (Part VIII, column (A), lines	,				333		-1,203
				st equal Part VIII, column (A), line 1	21		320,2			393,341
			nd similar amounts paid (Part IX, o		_,			0		C
			paid to or for members (Part IX, c					0		
		•		enefits (Part IX, column (A), lines 5–1	١٥)		262,4			266,155
Expenses			, , , ,	mn (A), line 11e)	10)		202,-	0		200,193
3			- , , ,	, ,,						
EX			raising expenses (Part IX, column (D), I				140.1	-		146 111
_			, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24e)			149,2	_		146,111
		•	enses Add lines 13–17 (must equ				411,6			412,266
vo.	19 1	Revenue	less expenses Subtract line 18 fr	om line 12		Bii	-91,3		F4-63	-18,925
Net Assets of Fund Balances						beginning	of Current Y	еаг	End of Y	еаг
ala	20 7	Total asse	ets (Part X, line 16)				276,7	796		258,115
D B			ılıtıes (Part X, lıne 26)				2,4	442		2,686
Fun			s or fund balances Subtract line 2				274,3	354		255,429
Par	t II	_	ature Block				•			
				ined this return, including accompany	yıng sch	nedules and	statements	s, and to	the best o	of my
	_		f, it is true, correct, and complete	Declaration of preparer (other than	officer)	ıs based or	n all informa	ation of v	which prep	arer has
пу кі	nowled	age								
		*****	ĸ			2017	7-10-20			
Sign		Signati	ure of officer			Date				
lere		CHARL	ES FRASER BUSINESS MANAGER							
			r print name and title							
		Į r ∏Pi	rınt/Type preparer's name	Preparer's signature	Date			PTIN		
Paic			HOMAS EMERY	THOMAS EMERY		I .	ck ∐ ıf ı	P0053259	2	
			ırm's name ► RUNYON KERSTEEN O			i	employed ı's EIN ▶ 01-	0440155		
-	oare	' 	ırm's address ▶ 20 LONG CREEK DRIVE				ne no (207)			
JSE	Onl	у	SOUTH PORTLAND, ME	04106			. ,			
						1				
1ay tl	ne IRS	discuss	this return with the preparer show	wn above? (see instructions)				✓ \	Yes 🗌 No)

Form	990 (2	016)			Page 2
Par	t III	Statement of Program Service Ac	complishments		
		Check if Schedule O contains a response of	or note to any line in this Part III		🗹
1	Briefly	describe the organization's mission			
INDU JNIC ALL [SECU IVIN	STRY II NS, TO DISPUTE IRE EMP IG, TO	VES OF THE INTERNATIONAL BROTHERHO I THE UNITED STATES AND CANADA, INCL PROMOTE REASONABLE METHODS OF WO S BETWEEN EMPLOYERS AND EMPLOYEES LOYMENT, TO REDUCE THE HOURS OF DA SEEK SECURITY FOR THE INDIVIDUAL, AN I OF OUR MEMBERS, THEIR FAMILIES AND	UDING ALL THOSE IN PUBLIC UTILIT: RK, TO CULTIVATE FEELINGS OF FRI BY ARBITRATION (IF POSSIBLE), TO ILY LABOR, TO SECURE ADEQUATE P, D BY LEGAL AND PROPER MEANS TO	IES AND ELECTRICAL MANUFACT ENDSHIP AMONG THOSE OF OUF ASSIST EACH OTHER IN SICKNE AY FOR OUR WORK, TO SEEK A ELEVATE THE MORAL, INTELLECT	TURING, INTO LOCAL R INDUSTRY, TO SETTLE ESS OR DISTRESS, TO HIGHER STANDARD OF FUAL AND SOCIAL
	D 1 11				
2		e organization undertake any significant pr	ogram services during the year which	were not listed on	☐ Yes ☑ No
		or Form 990 or 990-EZ?			⊔ Yes ⊻ No
3		e organization cease conducting, or make s		any program	
	service	•	ignificant changes in now it conducts,	, any program	☐ Yes 🗹 No
		," describe these changes on Schedule O			Lifes Millo
4	Descri Sectio	the organization's program service accons 501(c)(3) and 501(c)(4) organizations are ses, and revenue, if any, for each program	re required to report the amount of gr		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ditional Data			
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other (Expe	program services (Describe in Schedule Onses \$ including) (Revenue \$)
40	Total	program service expenses			

Yes

Yes

No

Nο

Nο

No

Nο

No

Nο

No

Nο

No

Nο

No

No

No

Form **990** (2016)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

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17

18

19

1

2

Page 3

No

Νo

No

No

or X as applicable

101111 330 (_010/		
Part IV	Checklist	of Required	Schedules

Par	t IV
1	Is the

- organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3
- 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? 4

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔧

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

- 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? Yes 5 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? 6 Did the organization receive or hold a conservation easement, including easements to preserve open space,
- No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8
- Nο Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No

29

22

Page 4

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

No

No

No

No

Nο

Nο

Nο

Checklist of Required Schedules (Continued)			
		Yes	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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

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,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

23

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

25a

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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? 26 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 27

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Nο Nο

28a

28b

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	\vdash		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	⁻		
C -	'	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv \mid		
	Section 501(c)(12) organizations. Enter	\dashv \mid		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1.2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
-	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 99	0 (2016)

orm '	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,	nse to li	
Sad	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
360	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
	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?	16b		
Sec	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
	ME Such as \$10.4 as a successful to 5 as \$10.33 (as \$10.34 for a block) \$20.0 as \$10.00 T (50.1(1)/2) as \$10.34 for a block \$10.00 T (50.1(1)/2) as \$			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
	State the name, address, and telephone number of the person who possesses the organization's books and records ►CHARLES FRASER 176 MAIN STREET FAIRFIELD, ME 04937 (207) 453-1301			

(A)

Name and Title

Part VII

(F)

Estimated

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 • 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)

(B)

Average

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Hile	hours per week (list any hours	week (list is both an officer and a any hours director/trustee)							compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	related organizations	
(1) NICHOLAS PAQUET PRESIDENT	2 00	Х		x				0	0	0	
(2) CHARLES YOUNG VICE PRESIDENT	1 00	Х		x				О	0	0	
(3) HARRY LYONS TREASURER	1 00	х		x				0	0	0	
(4) TIM FADER RECORDING SECRETARY	2 00	X		x				0	0	0	
(5) RICK MORIN EXECUTIVE BOARD	1 00	X						0	0	0	
(6) JOHN WEED EXECUTIVE BOARD	1 00	х						0	0	0	
(7) LEE WHITAKER EXECUTIVE BOARD	1 00	х						0	0	0	
(8) CHARLES FRASER BUSINESS MANAGER/FINANCIAL	40 00	Х		х				71,370	0	25,710	
										Form 990 (2016)	

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	N-	(F) Estima amount o compens from	ated f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	'	organizati relat organiza	ed
										_		
1b Sub-Total	Part VII, Sectio	nA.				>						
dTotal (add lines 1b and 1c)						>		71,370		0		25,710
2 Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than \$10	00,000			
									r		Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule	,		,	•		, ,		ghest compensated	employee on	3		No
4 For any individual listed on line 1a, i	s the sum of rep	ortable (comp	ensa	atior	n and c	ther	compensation from	n the			

	Fotal from continuation sheets to Part VII, Section A	71,370	
2	Total number of individuals (including but not limited to those listed above) where the of reportable compensation from the organization \blacktriangleright 0	no received more than	\$100,000

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

Section B. Independent Contractors

compensation from the organization ▶ 0

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

4

5

(B)

Description of services

No

No

(C)

Compensation

Form 990 (2016)

Part	VIII Statement of R							
	Check if Schedule (O contains a resp	oonse or note to	(his Part VIII (A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a				revenue		312-314
Contributions, Giffs, Grants and Other Similar Amounts	b Membership dues .	. 1b						
9 GE	c Fundraising events .	. 1c						
ffs. FA	d Related organizations	1d	İ					
<u> </u>	e Government grants (cont	ributions) 1e						
Sins,	f All other contributions, gi	un cluidod		<u></u>				
igi je	above	1f						
£ 5	g Noncash contributions in lines 1a-1f \$	ıncluded						
jo di	h Total Add lines 15 16		_					
	h Total.Add lines 1a-1f			 Iness Code				
Program Service Revenue	2a MEMBERSHIP DUES			900099	39	2,490 39:	2,490	
45	- HENDERSHIP BOES							
- 3 - 3	С —							
ξ	d ———							
E	e							
ogra	f All other program servi	ce revenue		303.400				
ΔŤ	9 Total. Add lines 2a-2f .		•	392,490				
	3 Investment income (incl similar amounts)		ınterest, and o	ther •	2,054			2,054
	4 Income from investment		bond proceeds	•	·			<u> </u>
	5 Royalties			▶				
		(ı) Real	(II) Person	ıal				
	6a Gross rents							
	b Less rental expenses							
	c Rental income or							
	(loss)							
	d Net rental income or (loss)		•				
		(ı) Securities	(II) Othe	r				
	7a Gross amount from sales of							
	assets other than inventory							
	b Less cost or							
	other basis and sales expenses							
	C Gain or (loss)							
	d Net gain or (loss) . 8a Gross income from fund			>				_
<u>ə</u>	(not including \$	of						
£	contributions reported See Part IV, line 18		1					
Other Revenue	b Less direct expenses	t	,					
e	c Net income or (loss) fro	om fundraising e	vents	<u> </u>				
O T	9a Gross income from gan See Part IV, line 19 .							
		ā	1					
	b Less direct expenses							
	c Net income or (loss) fro		ities	<u> </u>				
	10aGross sales of inventor returns and allowances							
		;	a	46				
	b Less cost of goods sole	d I	b	1,261	1 215			1 245
	Net income or (loss) from Miscellaneous Re		Business Co	<u>▶</u>	-1,215			-1,215
	11a _{MISCELLANEOUS}	evenue		000099	12	12	2	
	1.1232222.112003							
	ь		+					
	с ———		1					
	d All other revenue .		1					
	e Total. Add lines 11a-1	1d		>	12			
	12 Total revenue. See In	structions .		•		202 501		0 000
					393,341	392,502	<u>- [</u>	0 839 Form 990 (2016)

Part IX Statement of Functional Expenses section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	anizations must com	plete column (A)						
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense					
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, line 15 and 16									
4 Benefits paid to or for members									
5 Compensation of current officers, directors, trustees, and key employees	97,216								
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7 Other salaries and wages	109,488								
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,104								
9 Other employee benefits	27,840								
.0 Payroll taxes	14,507								
L1 Fees for services (non-employees)									
a Management									
b Legal									
c Accounting	8,097								
d Lobbying									
e Professional fundraising services See Part IV, line 17									
f Investment management fees									
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)									
2 Advertising and promotion	762								
3 Office expenses	10,452								
4 Information technology									
5 Royalties									
6 Occupancy	10,800								
7 Travel	5,585								
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .									
.9 Conferences, conventions, and meetings	910								
20 Interest									
1 Payments to affiliates									
.2 Depreciation, depletion, and amortization	3,459								
3 Insurance	3,393								
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
a PER CAPITA TAX	80,965								
b VEHICLE EXPENSE	8,910								
c REPAIRS AND MAINTENANCE	6,913								
d OTHER	5,169								
e All other expenses	696								
25 Total functional expenses. Add lines 1 through 24e	412,266								
	•								
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	·								

Form 990 (2016)

2

(A)

Beginning of year

31,076

1

13

14

15

16

17

18

19

20

21

22 23

24

25

26

30

31

32

33

34

276,796

2,442

Page **11**

31,818

222,700

3,597

258,115

2.686

2.686

255,429

255,429

258.115

Form **990** (2016)

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 Assets Notes and loans receivable, net Inventories for sale or use . 8 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 56,541 10a basis Complete Part VI of Schedule D 52.944 5.071 Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12

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

Investments—other securities See Part IV, line 11 . 12 13 Investments-program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

Cash-non-interest-bearing .

18 Grants payable . . 19 Deferred revenue 20 21 22

Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 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 . 23 Secured mortgages and notes payable to unrelated third parties . . .

24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24)

26

Fund Balances 27

Assets or 30

Net

31

32

33

34

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . Unrestricted net assets Temporarily restricted net assets 29

Total net assets or fund balances

28

Permanently restricted net assets

Total liabilities and net assets/fund balances .

check here

and complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958),

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

274.354 27 28

274,354

276.796

2,442

29

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
	T. I. () () () () () () () () () (202 244
1	Total revenue (must equal Part VIII, column (A), line 12)	1			393,341
2	Total expenses (must equal Part IX, column (A), line 25)	2			412,266
3	Revenue less expenses Subtract line 2 from line 1	3			-18,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			274,354
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			255,429
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 01-0226195

Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS 1253 LOCAL

Form 990 (2016)

Form 990, Part III, Line 4a: ADVOCATE, ARBITRATE & NEGOTIATE FOR MEMBERS ADMINISTRATION OF THE MARKET RECOVERY PROGRAM FOR PROMOTING THE ORGANIZED ELECTRICAL

CONSTRUCTION INDUSTRY WITHIN THE LOCAL JURISDICTION

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493293013337

Open to Public

ntern	al Revenue Service							· ·	
• S • S • S f the	section 501(c)(3) ord Section 501(c) (othe Section 527 organiz organization ans Section 501(c)(3) or Section 501(c)(3) or	ganizations Con er than section 5 zations Complet wered "Yes" or rganizations that rganizations that	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election	ete Part I-C lirts I-A and C below I 990-EZ, Part VI, III Ir section 501(h)) Co under section 501(h	Do not complete 47 (Lobbyin mplete Part II-)) Complete P	ete Part I-E ng Activiti A Do not art II-B D	3 i es), i comp o not	then plete Part II-E complete Pa	3 art II-A
Pro	xy Tax) (see separ	rate instruction:	n Form 990, Part IV, Line 5 (Proxy T s), then cations Complete Part III	ax) (see separate II	nstructions) o	r Form 98	9U-E2	z, Part V, IIn	e 35C
Nar INT	me of the organizat ERNATIONAL BROTHER RKERS 1253 LOCAL	ion	·				entif	ication num	ıber
		e if the orga	nization is exempt under sect	ion 501(c) or is		⁰²²⁶¹⁹⁵ 27 orga ı	niza	tion.	
1 2 3	Provide a descript Political expenditu Volunteer hours		ization's direct and indirect political c	ampaign activities in	Part IV	•	\$_		
		e if the orga	nization is exempt under sect	ion 501(c)(3).					
1		of any excise ta	ıx ıncurred by the organization under	section 4955		>	\$_		
2			x incurred by organization managers			>	\$_		
3	If the organization	n incurred a sect	ion 4955 tax, did it file Form 4720 fo	r this year?				☐ Yes	□ No
4a	Was a correction							☐ Yes	☐ No
b Par			nization is exempt under sect	ion 501(c), exce	ept section !	501(c)(3	3).		
1			ed by the filing organization for section			<u> </u>	<u> </u>		
2	Enter the amount function activities		anızatıon's funds contributed to other	organizations for se	ection 527 exer	npt ▶	\$ <u>_</u>		
3	Total exempt fund	ction expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	>	\$		
4	Did the filing orga	anızatıon file Fori	n 1120-POL for this year?				' -	☐ Yes	□ No
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) each organization listed, enter the ai that were promptly and directly deliv se (PAC) If additional space is neede	mount paid from the ered to a separate p	filing organiza olitical organiza	tion's fund	ds Al	lso enter the	
	(a) Name	e	(b) Address	(c) EIN	(d) Amount filing organ funds If no -0-	nization's one, enter		(e) Amount of contributions and promp directly delived separate programments or an arrangement of the contribution of the contribution of the contribution contribution of the contributio	received only and vered to a political only.
2									
3									
1									
5									
 5									

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	(Some organizations that made a	yeraging Period Uno section 501(h) elec	ler section 501(l	n) to comple		☐ Yes ☐ No
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

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.

OMB No 1545-0047 2016

DLN: 93493293013337

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization ERNATIONAL BROTHERHOOD OF ELECTRICAL				Em	ployer ide	entification	numb	er
	RKERS 1253 LOCAL				01-	0226195			
Pa	Organizations Maintaining Donor Complete if the organization answere				ls or Ac	counts.			
		(a) Donor advised	d funds		(E)Funds an	d other acco	unts	
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 a funds are the organization's property, subject to t				or advised			Yes	 No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					ourpose		Yes	□ No
Pai	rt II Conservation Easements. Complet	e if the organization a	answered	d "Yes" on I	Form 99	0, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all	that apply	y)					
	\square Preservation of land for public use (e g , reci	reation or education)	☐ Pr	eservation o	f an histo	rically imp	ortant land a	area	
	Protection of natural habitat		☐ Pr	eservation o	f a certifi	ed historic	structure		
	Preservation of open space								
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	held a qualified conserva	tıon contr	ibution in the	e form of		ation It the End o	of the Y	ear (
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easement	ts			2b				
c	Number of conservation easements on a certified l	historic structure include	d in (a)		2c				
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06,	and not	on a historic	2d				
3	Number of conservation easements modified, trantax year ▶	nsferred, released, exting	guished, o	r terminated	l by the o	rganızatıor	during the		
4	Number of states where property subject to conse	ervation easement is loca	ated >						
5	Does the organization have a written policy regard and enforcement of the conservation easements if		rıng, ınspe	ection, handl	— ing of vio	lations,	☐ Yes	□ N	ام
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of v	violations,	and enforcir	ng conser	vation ease			-
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violati	ons, and	enforcing coi	nservatio	n easemen	ts during the	e year	
R	Does each conservation easement reported on line	e 2(d) above satisfy the	requireme	ents of section	on 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(II)?	ie Z(d) above sausty tile	requireme	ents of section)	(+)(D)(I)	☐ Yes	□ N	lo
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the or					and		
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic		•	Other S	imilar As	sets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	eld for public exhibition, (education	, or research	ın furthe				f
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to re	port in its	s revenue sta	atement a				
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$			
(i	i)Assets included in Form 990, Part X					▶ \$			
2	If the organization received or held works of art, he following amounts required to be reported under S				fınancıal	gain, provi	de the		_
а	Revenue included on Form 990, Part VIII, line 1					▶ \$			
b	Assets included in Form 990, Part X					▶ \$			
						-			

3	Using the organization's acquisition, accession items (check all that apply)	n, and other records	, check	any of	the foll	lowing th	nat are a	significant	use of its	colle	ection	
а	Public exhibition		d		Loan d	or excha	nge prog	rams				
b	Scholarly research		e		Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explain	how the	y furth	er the	organiza	ation's ex	kempt purp	ose in			
5	During the year, did the organization solicit o							ılar				
	assets to be sold to raise funds rather than to	<u>'</u>	art of th	ie orga	nızatıoı	n's colle	ction?		☐ Ye	s	□ N	0
Pa	Complete if the organization answ X, line 21.		rm 990	, Part	IV, lın	ne 9, or	reporte	d an amo	unt on F	orm	990,	Part
1a	Is the organization an agent, trustee, custodincluded on Form 990, Part X?	an or other intermed	diary for	contrib	outions	or othe	r assets i	not	☐ Ye	:s	□ N-	0
ь	If "Yes," explain the arrangement in Part XII:	I and complete the fo	ollowing	table		Г		-	Amount			_
c	Beginning balance		,				1c					_
d	Additions during the year						1d					_
е	Distributions during the year						1e					_
f	Ending balance						1f					_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or cus	stodial ad	count lia	bility?	☐ Ye	s	□ N-	0
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	explanati	on has	been p	provided	in Part)	KIII				
Pa	irt V Endowment Funds. Complete if											
		(a)Current year	(b) P	rıor year	. ((c) Two ye	ars back	(d)Three ye	ars back	(e) Fo	our year	s back_
1a	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
е	Other expenditures for facilities and programs											
	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, colur	nn (a))) held as	5					
а	Board designated or quasi-endowment											
b	Permanent endowment ►											
С	Temporarily restricted endowment ►	.ld 1000/										
3a	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses	•	ition that	t are he	ald and	d adminis	stered for	r the				
-	organization by	ssion of the organiza	icion cha	L di C iii	Jia ana	a dammin	stered ro	tile		ſ	Yes	No
	(i) unrelated organizations			•					3	a(i)		
	(ii) related organizations			 					<u> </u>	a(ii)		
ь 4	If "Yes" on 3a(II), are the related organization Describe in Part XIII the intended uses of the	•			•				•	3b		
	rt VI Land, Buildings, and Equipme			41145								
	Complete if the organization answ		m 990,	Part I	V, line	e 11a. S	See Forr	n 990, Pa	rt X, line	e 10.		
	Description of property (a) Cost or ot (investment)		t or other	basıs (o	ther)	(c)Accu	mulated d	epreciation		(d) Bo	ok value	
1 a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment			5	6,541			52,944				3,597
	Other											
Tota	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B),	line 1	O(c)).	. 1	▶	1			3,597

Part VII Investments—Other Securities. Complete if the org	ganization a	answered 'Yes' on	Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)E		
(a) Description of security of category (including name of security)	val	ue Cos	(c)Method of valuation st or end-of-year market value
(1)Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIIII Investments—Program Related. Complete if the o See Form 990, Part X, line 13.	rganızatıor	answered 'Yes' o	n Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book v		(c) Method of valuation st or end-of-year market value
(1)			to or end or year market raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	,		
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 99	0, Part IV, line 11d	See Form 990, Part X, line 15 (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 answe	red 'Ves' o		IV line 11e or 11f
See Form 990, Part X, line 25.		b) Book value	T
1. (a) Description of liability (1) Federal income taxes	- '	b) Book value	
			_
(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 f	footnote to the	he organization's f	ancial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

414,268

2,002

412,266

412,266

Schedule D (Form 990) 2015

Schedule D (Form 990) 2016

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII)

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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 XI

1

2

а b

d

3

4

а

b

c

Part XIII

5

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 393,341 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.

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

2a

2b 2c

2d

4b

Explanation

2.002

2e

3

4c

5

Page 5		D (Form 990) 2015	Schedule D (Fo
	ormation (continued)	Supplemental Info	Part XIII
	Explanation	Return Reference	Ret

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 01-0226195

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Name:

WORKERS 1253 LOCAL

Explanation

Supplemental Information Return Reference

PART X, LINE 2 THE LOCAL FOLLOWS THE PROVISIONS OF FASB ASC 740-10 INCOME TAXES WHICH CLARIFIES THE CRITE RIA THAT AN INDIVIDUAL TAX POSITION MUST SATISFY FOR SOME OR ALL OF THE BENEFITS OF THAT P OSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IT ALSO PRESCRIBES A RECOGNI TION THRESHOLD OF MORE LIKELY-THAN-NOT, AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, IN ORDER FOR THOSE TAX POSITIONS TO BE RECO GNIZED IN THE FINANCIAL STATEMENTS. THERE HAS BEEN NO CUMULATIVE EFFECT ON THE LOCAL'S FIN ANCIAL STATEMENTS RELATED TO THESE PROVISIONS. AND NO INTEREST OR PENALTIES RELATED TO UNC ERTAIN TAX POSITIONS WERE ACCRUED THE LOCAL IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES FOR THE YEARS ENDED JUNE 30, 2014 THROUGH 2017

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REIMBURSED EXPENSES 2,002

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	REIMBURSED EXPENSES 2,002

S

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efile GRAPH	IC print	- DO NOT PROCESS As Filed Data -	DLI	DLN: 93493293013337					
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Internal Resonance former Name of the organization		Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional ▶ Attach to Form 990 or 990-EZ.	formation about Schedule O (Form 990 or 990-EZ) and its instructions is at Open to Pub						
INTERNATIONAL B WORKERS 1253 LC	BROTHERHOO OCAL	od of ELECTRICAL plemental Information	01-0226195	ntification number					
Return Reference		Explanation							
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION HAS MEMBERS							

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

LINE 7B

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, THE EXECUTIVE BOARD REVIEWS THE 990 AND ASKS ANY QUESTIONS THEY HAVE OF MANAGEMENT PART VI, SECTION B, LINE 11B

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Internal Revenue Service Name of the organization

WORKERS 1253 LOCAL

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 2016

DLN: 93493293013337 OMB No 1545-0047

> **Open to Public** Inspection

Employer identification number

01-0226195

Part I Identification of Disregarded Entities Complete	ıf the organ	ization answe	red "Yes	' on Form	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ıvıty	(c Legal domi or foreign	cile (state	(d) Total ind		(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organizat	ions Comple	te if the orga	nızatıon	answered '	'Yes" on F	orm 990,	Part I\	/, lıne 34 be	cause	it had one or	more	
related tax-exempt organizations during the tax year (a) Name, address, and EIN of related organization		(b) ary activity	Legal dor	(c) nicile (state in country)	(d Exempt Cod		Public ((e) charity status on 501(c)(3))	D	(f) irect controlling entity	Section (13) co	512(b ntrolled
(1)LOCAL UNION #1253 IBEW PROPERTIES INC	RENTAL SP	ACE		ME	501 (C)(2)						Yes Yes	No
176 MAIN ST FAIRFIELD, ME 04937 01-6029905									N/A			
(2)IBEW LU #1253 POLITICAL ACTION COMMITTEE 176 MAIN ST	POLITICAL	COMMITTEE		ME	527				N/A			No
FAIRFIELD, ME 04937 01-0226195 (3)LOCAL 1253 HEALTH & WELFARE FUND	ΗΕΔΙΤΗ ΔΝ	ID WELFARE		ME	501(C)(9)						_	No
176 MAIN ST FAIRFIELD, ME 04937 01-6029461	BENEFITS											
01-0025401												
For Paperwork Reduction Act Notice, see the Instructions for Forr	000			t No 5013					6-1	edule R (Form	900) 3	116

(a) Name, address, and EIN related organization	(a) Name, address, and EIN of related organization		(a) Name, address, and EIN of Primar related organization activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe ging o	(k) ercenta owners
					51.7			Yes	No		Yes	No			
												+			
												+			
												\perp			
Identification of Related Orga because it had one or more relate						zation ansv	vered "Yes	" on F	orm 9	90, Part IV,	line				
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) Legal omicile or foreign untry)		entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total Income		(g) e of end- year assets	of- Percei owne	ntage		cont entit		
												1 16	es		
								+				+	+		
												+	+		
													_		
													\dagger		

Schedule R (Form 990) 2016		Page	e 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	\Box	No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\neg	No
h Purchase of assets from related organization(s)	1h	\neg	No
i Exchange of assets with related organization(s)	1i	\neg	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	\Rightarrow	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Y	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	二	No
p Reimbursement paid to related organization(s) for expenses	1p	\dashv	No
	10	-	Na

j Lease of facilities, equipment, or other assets to related organization(s)				1)	NO
k Lease of facilities, equipment, or other assets from related organization(s)				1k Ye	es
I Performance of services or membership or fundraising solicitations for related organization(s) \dots				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1)LOCAL UNION #1253 IBEW PROPERTIES INC	К	10,800	RENT PAID		

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

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

Was not a related organization. See instructions regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2016													

