

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> [For the	2017 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer Identific	ation number
	applicabl	INTERNATIONAL BROTHERHOOD OF ELECTRIC	AL		
L	Addre chang	WORKERS LOCAL NO. 649			
Ļ	Name chang	Doing business as		<u>37-03</u>	347380
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(618)	462-1627
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,275,936.
	Amend	ALTON, IL 62002		H(a) Is this a group re	
	Applic	a- F Name and address of principal officer:		for subordinates	? Yes X No
	pendii	SAME AS C ABOVE	~	H(b) Are all subordinates in	ctuded X Yes No
	Гах-ех	empt status 501(c)(3)X 501(c) (5) ◀ (insert no.) 4947(a)(1)	or 527		st. (see instructions)
<u>J</u> 1	Websi	te: ► IBEW649.ORG	1	H(c) Group exemption	number
		organization; X Corporation	L Year	of formation: 1909 M	State of legal domicile; IL
P	art [Summary			
ė	1	Briəfly describe the organization's mission or most significant activities: ${\hbox{\hbox{\fontomodel} CONT}}$	INUING	TO ENSURE	IMPROVED
auc		CONDITIONS, EDUCATION, AND TRAINING IN T	HE ELE	CTRICAL INDU	JSTRY.
Governance	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as:	sets.
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	23
ಳ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	<u> 16</u>
Σį	6	Total number of volunteers (estimate if necessary)		6	14
Activities		Total unrelated business revenue from Part VIII, qolumn (C), iline 12	7	7a	0.
	b	Net unrelated business taxable income from Form 990-1 Rine \$4 - 1 V - D		7b	0.
e	[있 _	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) Program sonics revenue (Part VIII, line 3c) MAY 1 4 2018	RS-0S	0.	<u> </u>
Revenue	1	Program service revenue (Part VIII, line 2g)	%	1,098,265.	945,443.
æ		investment income (Part VIII, column (A), lines 3, 4, and 70)	≒	17,851.	20,086.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, ac, 9c, 106, 3h) 11),	_]	28,118.	47,590.
—-	Τ"	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,144,234.	1,013,119.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	177,147. 0.	173,426.
	í	Benefits paid to or for members (Part IX, column (A), line 4)		695,885.	727 040
Expenses	Į.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.000	737,040.
ē		Professional fundraising fees (Part IX, column (A), line 11e)	_	<u></u>	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)	0.	222 100	214 162
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,108.	214,163. 1,124,629.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,106,140.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		38,094.	-111,510.
Net Assets or Fund Balances	20	Total accets (Part V. line 16)	Re	ginning of Current Year 1,075,366.	End of Year 969, 095.
ASS Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	-	6,844.	12,083.
E E	21	Net assets or fund balances Subtract line 21 from line 20		1,068,522.	957,012.
P	art II	Signature Block		1,000,322.	757,012.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
		X Charles a. Hancest		2018	
Sig	n	Signature of officer		Date	, , , , , , , , , , , , , , , , , , ,
Her		X CHARLES A. YANCEY			
		Type or print name and title			
	-	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l	JENNA ANDRES CPA ORMA Anches.	, CPA 10	4/30/18 self-employed	P00837061
	arer	Firm's name SCHEFFEL BOYLE		Firm's EIN	37-1206530
	Only	Firm's address 322 STATE ST			
•	,	ALTON, IL 62002-6135 Sulful B	age	Phone no. (6 1	L8) 465-4288
May	the II	RS discuss this return with the preparer shown above? (see instructions)	/		X Yes No

Part III Statement of Program Service Accomplishments		1 990 (2017) WORKERS LOCAL N	0. 649	37-0347380 Page 2
to Briefly describe the organization's mission' CONTINUING TO BUSINE IMPROVED CONDITIONS, EDUCATION, AND TRAINING IN THE BLECTRICAL INDUSTRY. 2 Dot the organization undertake any significant program services during the year which were not listed on the price Form 990 or 990 E2? If "fee," describe these new services on Schedule O. Of the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sector, 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 [code	Pa	rt III Statement of Program Service Accom	plishments	
CONTINUING TO ENSURE TMPROVED CONDITIONS, EDUCATION, AND TRAINING IN THE ELECTRICAL INDUSTRY. □ but the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-627 □ ''''''''''' '''' '''' ''''''''''''''		Check if Schedule O contains a response or note t	o any line in this Part III	
prior Form 990 or 990-027 If "Yes," Geoches these new services on Schedule O. Jod the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization sporgam service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code) (Expenses \$	1	CONTINUING TO ENSURE IMPROVE	D CONDITIONS, EDUCATION,	AND TRAINING IN
prior Form 990 or 990-027 If "Yes," Geoches these new services on Schedule O. Jod the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization sporgam service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code) (Expenses \$				
3 Did the organization cases conducting, or make eliginificant changes in how it conducts, any program services? Yes	2	prior Form 990 or 990-EZ?	ervices during the year which were not listed or	
40 Code	3	Did the organization cease conducting, or make significa	nt changes in how it conducts, any program se	rvices? Yes X No
46 (Code) (Expenses \$	4	Describe the organization's program service accomplished Section 501(c)(3) and 501(c)(4) organizations are required		
46 (Code) (Expenses \$	4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) {Expensis \$ including grants of \$ } (Revenue \$ } 4e Total program service expenses	4b	(Code) (Expenses \$	including grants of \$)	(Revenue \$)
4d Other program services (Describe in Schedule O) {Expensis \$ including grants of \$ } (Revenue \$ } 4e Total program service expenses				
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶	4c	(Code) (Expenses \$	including grants of \$)	(Revenue \$)
4e Total program service expenses	4d	Other program services (Describe in Schedule O)		,
4e Total program service expenses ► Form 990 (2017) (Revenue \$)
	<u>4e</u>	Total program service expenses ▶		Form 990 (2017)

Form 990 (2017) WORKERS LOCAL NO. 649

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		~ X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	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	1		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	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	l		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a	_	X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G, Part III		990	

Form 990 (2017) WORKERS LOCAL NO.

Part IV Checklist of Required Schedules (continued)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		į	
	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			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
ŭ	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	25		
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2017)

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	Check if Schedule O contains a response or note to any line in this Part V							
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6			· · · ·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	ĺ		l			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	ĺ					
_	(gambling) winnings to prize winners?		10					
2a	ta 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 16							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b					
4a		•••						
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х			
b	If "Yes," enter the name of the foreign country	,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	•	5c					
6a		ne organization solicit						
	any contributions that were not tax deductible as charitable contributions?	•	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts						
	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X			
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 w	as required						
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ļ			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file For	orm 8899 as required?	<u>7g</u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		<u> </u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the						
	sponsoring organization have excess business holdings at any time during the year?		8		ļ			
9	Sponsoring organizations maintaining donor advised funds.		1		ŀ			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter	1 1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ł					
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>					
11	Section 501(c)(12) organizations. Enter	l., 1						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l l						
	amounts due or received from them)	11b	۱					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ł					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		 			
а	Is the organization licensed to issue qualified health plans in more than one state?	•	13a_		 -			
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	406						
	organization is licensed to issue qualified health plans	13b	1					
	Enter the amount of reserves on hand	13c	1/12	\vdash	X			
14a		 	14a 14b					
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			990	/2017			

Form 990 (2017) WORKERS LOCAL NO. 649 37-0347380 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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 to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	_X_	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		Х
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		Ì	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	e	
	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)	fine-	sia!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	man	,idi	
•	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHARLES A. YANCEY - (618) 462-1627			
	3945 HUMBERT ROAD, ALTON, IL 62002			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Charlethia hay disadhadha agairigh a garaint a

- 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 (A)	(B)	Jiga	A1 114.C		C)	- Pe	ısa	(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
Name and mo	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	į						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee	fruste			bensa		(W·2/1099-MISC)		organization
	organizations below	nal tr	onal		lg de	t com				and related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TERRY L. SHEWMAKE	50.00							110 000		
ASST, BUS, MGR,		X		X	<u>.</u>	ļ		112,809.	0.	50,000.
(2) ALAN H. UZZELL	2.00	l								
PRESIDENT		X		X			ļ	6,131.	0,	0.
(3) ALAN RUBENSTEIN	50.00								_	
ORGANIZER		X	ļ	X			<u> </u>	110,487.	0.	49,931.
(4) JOHN W. FRANCIS	2.00	l						005		
VICE PRESIDENT		X		X		-	<u> </u>	285.	0.	0.
(5) STEVEN R. NAYLOR	2.00	ļ						0.645		
RECORDING SECR.	1 00	X	_	X		ļ	ļ	2,617.	0.	0.
(6) DANIEL DAINE	1.00	ł								40-
EXECUTIVE BOARD		X			<u> </u>	├		0.	0.	407.
(7) CHARLES A. YANCEY	50.00							115 500	_	F0 000
BUSINESS MGR	1 00	Х		X	_	├		115,528.	0.	50,082.
(8) JEFF A. FORBES	1.00	.						0	_	613
EXECUTIVE BOARD	1 00	X	<u>. </u>		-			0.	0.	613.
(9) RON G. MILLER	1.00	v						0.	0.	612
EXECUTIVE BOARD	1 00	X			_	├		U •	0.0	613.
(10) SEAN P. GREGORY	1.00							0.	0.	245
EXECUTIVE BOARD	1 00	Х	 			-	-	0.	0.	245.
(11) M. TIM WENSE	1.00	٠,							•	533
EXECUTIVE BOARD	1 00	Х	-			┢		0.	0.	532.
(12) JEFFFEY HEFLIN	1.00	.,						0	0.	120
EXECUTIVE BOARD	1 00	X	_			-		0.	0.	120.
(13) RICK L. KESSINGER	1.00	٠,							0	400
EXECUTIVE BOARD	1 00	X	-	-	ļ	-		0.	0.	489.
(14) MICHAEL D. KITCHELL	1.00	.,						E 450		E72
EXECUTIVE BOARD	1 00	X					_	5,458.	0.	573.
(15) PAUL E. HAWKINS	1.00							0.	0.	492.
EXECUTIVE BOARD	1 00	X	-		-		\vdash	<u> </u>		432.
(16) PETE L. DOCHWAT	1.00	٠,,							0.	400
EXECUTIVE BOARD	1 00	X	<u> </u>	-		\vdash		0.	U •	409.
(17) STEPHEN C. ROTH	1.00	٠,,						0.	0.	325.
EXECUTIVE BOARD		X		L	Ц.	1	<u> </u>	<u>U.</u>	<u> </u>	Form 990 (2017)

				-	OF	OD	O]	F ELECTRICAL	25 02	. 4 .	200	_	0
Form 990 (2017) WORKERS I									<u>37-03</u>	4/	<u> 380</u>	Pa	ige 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimated amount of other		_
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		composition from the composition or series of the composition from the c	m the nizati relate	on ed
(18) ROBERT L. YANCEY EXAMINING BOARD	1.00	x	1					0.		0.			0.
(19) TRAVIS S. LEE	1.00						-			-			
EXAMINING BOARD		x		İ				0.		0.			0
(20) MARK R. BEHME	1.00												
EXAMINING BOARD		Х			_			5,458.		0.			0.
(21) DAVID B. WISEMAN	1.00							_					
EXAMINING BOARD	1 00	Х	_	-	_	ļ		0.		0.			0.
(22) R. TIM WIECKHORST	1.00	X	ļ	37			ļ	2 742		ا ۱			^
TREASURER (23) GREGORY D. KAMP	1.00	^	-	X	-	-		2,743.		0.			0.
EXECUTIVE 3OARD	1.00	x						0.		0.			0.
											•		
1b Sub-total	L				٠		>	361,516.		0.	154	, 8:	31.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	361,516.		0.	<u> 154</u>	<u>, 8:</u>	<u> 31.</u>
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	OOV	e) wh	no re	eceived more than \$100	,000 of reportable	э 	1.	. 1	3
3 Did the organization list any former officer,	director exten									ſ	- 1	'es	No
line 1a? If "Yes," complete Schedule J for si			3, KE	y en	пріс	уее,	ori	nignest compensated er	nployee on		3		X
4 For any individual listed on line 1a, is the su			ama	ensa	ition	anc	d ath	ner compensation from t	he organization	ŀ	*	\dashv	
and related organizations greater than \$150	-		-					•	o. ga		4	х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services	Ī			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch j	pers	on					5		X
Section B. Independent Contractors								 					
 Complete this table for your five highest con the organization. Report compensation for the 									· ·	pensa	ation fro	m	
(A)	ino odionadi y	<u> </u>		19 1	,,,,,,	01 11	<u> </u>	(B)	Tour.		(C)		
Name and business	address	N	INC	3				Description of s	ervices	C	ompens	ation	ı
										_			
							+						
						-	+						
							\dashv	<u> </u>					

Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

Form 990 (2017)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Unrelated Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Flelated organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 900099 945,443. 945,443. 2 a MEMBERSHIP DUES & ASSE Program Service Revenue f All other program service revenue 945,443. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,766. 20,766. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 31,200 6 a Gross rents 0. b Less: rental expenses 31,200. c Rental income or (loss) 31,200. 31,200. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 251,256. assets other than inventory b Less: cost or other basis 251,936 and sales expenses c Gain or (loss) -680. -680. -680. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 2,342 10,881 b Less: cost of goods sold -8,539.-8,539c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 24,929. 24,929 11 a MISCELLANEOUS 900099 d All other revenue 24,929. e Total. Add lines 11a-11d 0. 51,286. 961,833. 013,119. 12 lotal revenue. See instructions.

Form 990 (2017) WORKERS LOCAL NO. 649
Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 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	173,426.			
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	516,347.	<u> </u>		
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	142,278.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,020.			
9	Other employee benefits				
10	Payroll taxes	46,395.			
11	Fees fcr services (non-employees):				
а	Management				
b	Legal				
C	Accounting	29,162.			~ J
ď	, ,	18,724.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, -				
	column (A) amount, list line 11g expenses on Sch O.)	2 404			
12	Advertising and promotion	3,494.			
13	Office expenses	12,778.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	45 254			
19	Conferences, conventions, and meetings	15,374.		ļ	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12 604			
23	Insurance	13,604.			
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 0.)	,			
а	REAL ESTATE TAXES	37,433.			
b	REPRESENTATIONAL ACTIVI	20,369.			
С	DUES & SUBSCRIPTIONS	14,398.			
d	TELEPHONE	8,019.			
е	All other expenses	40,808.			
25	Total functional expenses. Add lines 1 through 24e	1,124,629.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chack have			1	

Form 990 (2017)
Part X Balance Sheet

WORKERS LOCAL NO. 649

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Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,376.	1	3,866.	
	2	Savings and temporary cash investments	<u>_</u>	440,097.	2	357,901.
	3	Fledges and grants receivable, net			3	
	4	Accounts receivable, net		· · · · · · · · · · · · · · · · · · ·	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees. Complete			
	}	Part II of Schedule L			5	
	6	Loans and other receivables from other disquality	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
	ł	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L	······································	6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	<u> </u>		9	
	10a	Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	628,893.	11	607,328.	
	12	Investments - other securities See Part IV, line 1	i i		12	
	13	Investments - program-related See Part IV, line	1		13	
	14	Iritangible assets		14		
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,075,366.	16	969,095.
	17	Accounts payable and accrued expenses	-		17	
	18	Grants payable		18		
	19	Deferred revenue	}-		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
Lial		Complete Part II of Schedule L	-		22	
	23	Secured mortgages and notes payable to unrela	• •		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	4		- 1	
	ļ	Schedule D	17-24) Complete Fart X OI	6,844.	25	12,083.
	26	Total liabilities. Add lines 17 through 25	<u> </u>	6,844.	26	12,083.
	20	Organizations that follow SFAS 117 (ASC 958	, check here	0,044.	20	12,005.
"		complete lines 27 through 29, and lines 33 an				
ĕ	27	•	3-4.		27	
lan	28				28	
89	29	Permanently restricted net assets	<u> </u>		29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (A)	SC 958), check here			
ř		and complete lines 30 through 34.	JO JOON GROOK HOLD PLAN		1	
ts o	30	Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
t A	32	Retained earnings, endowment, accumulated in		1,068,522.	32	957,012.
Š	33	Total net assets or fund balances		1,068,522.	33	957,012.
	34	Total liabilities and net assets/fund balances		1,075,366.	34	969,095.
						Form 990 (2017)

Form	1 990 (2017) WORKERS LOCAL NO. 649	37-0	<u> </u>	<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,01	<u>3,1</u>	<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12		
3	Revenue less expenses Subtract line 2 from line 1	3	-11	1,5	<u> 10.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,06	<u>8,5</u>	<u>22.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	columr _i (B))	10	95	7,0	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	ı O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	ie basis,	1 1		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ured audit	. [

Form **990** (2017)

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

SCHEDULE C

(Form 990 or 990-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.

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

• Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	TIONAL BROTHERHO	OD OF ELECT	TRICAL	Employer identification number
WORKERS	LOCAL NO. 649			<u> 37-0347380</u>
Part I-A Complete if the org	janization is exempt und	ler section 501(c	or is a section 5	27 organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	rures	cal campaign activities	s in Part IV	▶ \$
Dort I B Complete if the ow	-oni-otion is evenet und	les ecclies 504/e)/O)	
	ganization is exempt und		7(3).	N ¢
 Enter the amount of any excise tax Enter the amount of any excise tax 			:E	►\$ ►\$
3 If the organization incurred a section	, ,			Yes No
4a Was a correction made?	11 4000 tax, did it illo 1 01111 4720	ioi uno your :		Yes No
b If "Yes," describe in Part IV.				
	janization is exempt und	ler section 501(c), except section	501(c)(3).
1 Enter the amount directly expende	by the filing organization for se	ction 527 exempt fun	ction activities	▶\$
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for	section 527	
exempt function activities				> \$
3 Total exempt function expenditures	s Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	. .
line 17b	4400 DOL for this was			Yes X No
 Did the filing organization file Form Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If 	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to	d from the filing organ a separate political or	nzation's funds. Also en ganization, such as a se	which the filing organization ter the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid funds organization funds. If none, enter	n's contributions received and
SEE ATTACHED				0. 18,724.

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the orga				on 501(c)(3) and file		0347380 Page 2 election under
section 501(h)). A Check if the filing organizati	ion belong	is to an affi	listed group (and list	in Part IV each affiliated	oroup member's por	me address FIN
• •	_			III Fart IV Bacif affiliateu	group member s nai	116, 8001655, 5114,
expenses, and share						
Limits	s on Lobb	ying Expe	nd "limited control" p nditures ints paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence publ	ic opinion (grass roots lobbying)			 -
b Total lobbying expenditures to influe				Ť		
c Total Icbbying expenditures (add lin	•		-, (a,,,)	ľ		
d Other exempt purpose expenditures		,		ŀ		
e Total exempt purpose expenditures		s 1c and 1c	1)	<u> </u>		
f Lobbying nontaxable amount Enter	•		•	th columns		
If the amount on line 1e, column (a) or	או נטן.		bying nontaxable ar			
Not over \$500,000	200		the amount on line 1			
Over \$500,000 but not over \$1,000,			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000			ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (ent	er 25% of	line 1f)	· · · · · · · · · · · · · · · · · · ·			
h Subtract line 1g from line 1a If zero				Ì		
i Subtract line 1f from line 1c. If zero				<u> </u>		
i If there is an amount other than zero			line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this y						Yes N
(Some organizations the	at made a	section 5	eraging Period Unde 01(h) election do no ate instructions for	t have to complete all o	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures		·				
d Grassrcots nontaxable amount						
e Grassrcots ceiling amount				 		
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 WORKERS LOCAL NO. 649

37-0347380 Page 3

	WOILING I					
Part II-B	Complete if the organization is	exempt	under	section	501(c)(3) and has NO	T filed Form 5768
	(election under section 501(h)).					

	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(t)
of th	e lobbyirg activity	Yes	No	Amo	ount
1	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.			ļ	
a	Volunteers?			ļ	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	5 , G				
е					
f	Grants to other organizations for lobbying purposes?				
g	•				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?	504/)/			
Pa	ct III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).)(a) FUC noi	5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year	7 3		X
	answered "Yes." Dues, assessments and similar amounts from members		1	945	5,443.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	-		,,110,
-	expenses for which the section 527(f) tax was paid).		1		
а	Current year		2a	18	3,724
	Carryover from last year		2b		,975.
C	Total		2c		699
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	26	,945
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	i i		
	expenditure next year?	•	4	21	754
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
—– Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II-	A, lines 1	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
				_	
			•		
			•		
					
			· 		
			· 		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL NO. 649

Employer identification number 37-0347380

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds 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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
_	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes t	he organization's accounting for
Do	conservation easements rt III Organizations Maintaining Collections o	f Art Historiaal Trassuras or Ot	har Cimilar Accets
Pai		· · · · · · · · · · · · · · · · · · ·	ner Similar Assets.
, _	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	> 0
а	Revenue included on Form 990, Part VIII, line 1		\$

b Assets included in Form 990, Part X

		LOCAL NO.						<u> 37-03</u>	<u>47380</u>	Page 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a siç	gnificant	use of its	collection	items
	(check all that apply):									
а	Fublic exhibition	c	; <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	e	, 🗀	Other						
С	Freservation for future generations									
4	Provide a description of the organization's control of the organization of the organiz	ollections and expla	ın how t	hey further t	he organizat	ion's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of					ner sımılar	assets		_	
_	to be sold to raise funds rather than to be m								Yes	No No
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 99	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa			_						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded	_	_	
	on Form 990, Part X?								」Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table [.]				-		
								·	Amount	
С	Beginning balance						1c			
d	Additions during the year	•					1d			
е	Distributions during the year						1e	-		
f	Ending balance								Υ-	
	Did the organization include an amount on F						ty?		」 Yes	⊢ N∘
Pai	If "Yes," explain the arrangement in Part XIII									
<u> </u>	rt V Endowment Funds. Complete				1					
10	Beginning of year balance	(a) Current year	(D) F	Prior year	(c) Two yea	rs back	a) Inree y	ears back	(e) Four	years back
1a 5	Contributions									
	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships		<u> </u>							
	Other expenditures for facilities									
·	and programs									
4	Administrative expenses									
,	End of year balance									
2	Provide the estimated percentage of the curi	rent year end haland	e (line 1	a column (s	a)) held as:					
a	Board designated or quasi-endowment	one your one balance	%	9, 00.0	.,, riola as.					
b	Permanent endowment	%	—´`							
	Temporarily restricted endowment ▶	%								
-	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	ered for th	e organiz	ation		
	by.						-			res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par										
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a S	See Form 990), Part X, I	ne 10.			
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	depi	reciation			
1a	Land									
b	Buildings							_		
С	Leasehold improvements									
	Equipment									
	Other							_		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)					<u> </u>

Schedule D (Form 990) 2017

	T14 T D1/7/1777	T 011111	DICO	TIBITITOOD	OT.	PURCINICA
schedule D (Form 990) 2017	WORKERS	LOCAL	NO.	649		

27	7 <u>_</u> N	3/	73	QΛ	Page	1
. J I	, – u	34	: / 3	οv	Page	u

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000. Bort IV	line 11h Cae Farm 000	Dark V. line 40	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(4)	(o) mounds or r		a or your market value
(2) Closely-held equity interests				· · · · · · · · · · · · · · · · · · ·
(3) Other			-	
(A)				
(B)				
(C)				
(D)				
(E)				<u> </u>
(F)				
(G)	· · · · · · · · · · · · · · · · · · ·		 	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" c	on Form 990, Part IV (b) Book value			d of coop manded color
	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		, line 11d See Form 990,	Part X, line 15.	
	escription			(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.			<u> </u>	
Complete if the organization answered "Yes" o	n Form 990, Part IV	line 11e or 11f. See Form	n 990, Part X, line 25	•
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL DEDUCTIONS PAYABLE	3	12,083.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	05)	12 002		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	12,083.		

^{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

WORKERS LOCAL NO. 649 37-0347380 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1.024.000. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 10.881 d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 10,881. 2e 3 1,013,119. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4c 013 119. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,130,269. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 10.881 d Other (Describe in Part XIII.) 2d 10,881. e Add lines 2a through 2d 2e 1,119,388. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5,241 b Other (Describe in Part XIII.) 5,241. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: ACCOUNTING STANDARDS CODIFICATION TOPIC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TOPIC 740 DEVELOPED A TWO-STEP PROCESS TO EVALUATE TAKEN IN A TAX RETURN. A TAX POSITION AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE LOCAL HAS NOT RECORDED A RESERVE FOR ANY

TAX POSITIONS FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT

FOR WHICH THERE IS UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY.

MANAGEMENT BELIEVES THAT THE LOCAL FILES TAX RETURNS IN ALL APPROPRIATE

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649 37-0347380 Page 5 Schedule D (Form 990) 2017 Part XIII | Supplemental Information (continued) ON SUCH RETURNS. THE OPEN TAX YEARS ARE THOSE YEARS ENDED DECEMBER 31, 2014 THROUGH DECEMBER 31, 2017. THE 2017 TAX RETURN HAS NOT BEEN FILED AS OF THE DATE OF THIS REPORT. AS OF DECEMBER 31, 2017 THE COMPANY HAS NO RECORDED LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE LOCAL RECOGNIZES INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS INTEREST EXPENSE AND PENALTIES AS INCURRED. NO SUCH EXPENSE WAS RECOGNIZED FOR THE YEAR ENDED DECEMBER 31, 2017. PART XI, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE PART XII, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE PART XII, LINE 4B - OTHER ADJUSTMENTS: CHANGE IN PAYROLL TAX LIABILITY

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(Form 990)		S	Governments, an	ind Individuals in the United States	Is in the Uni	ited States			2017
		Comb	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22.		_	
Deparmen of the Treasony Internal Revenue Service			■ Go to www.ir	► Attach to Form 990. ► Go to www.irs.cov/Form990 for the latest information	m 990. r the latest inform	nation		ō ¯	Open to Public Inspection
Name of the organization	INTERNA		BROTHERHOOD OF	ELECTRICAL	L			Employer identification number	lentification number
Part General In	General Information on Grants and Assistance	Assistance						10	000/#00-
1 Does the organiz	Does the organization maintain records to substantiate the amount of the gran	ubstantiate th	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	its or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
criteria used to a	critena used to award the grants or assistance?	ice?				•		X Yes	Yes
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is people.	mestic Organ	izations and Domestic	c Governments. C	omplete if the orga	anization answered "Y	res" on Form 990, Pan	t IV, line 21, for an	λι
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance		(h) Purpose of grant or assistance
INTL BROTHERHOOD OF ELECTRICAL	OF ELECTRICAL								
WORKERS - 900 SEV	WORKERS - 900 SEVENTH STREET, N.W.							IBEW MANDATED	•
- WASHINGTON DC	DC 20001		501(C) 5	168,484.	0.0	CASH		CONTRIBUTION	
THE PROPERTY OF THE PERSON	Ę G								
VARIOUS CHARITABLE ORG	E OKG		501(C) 3	4 942.	0	CASH		CHARITABLE CONTRIBUTION	NTRIBUTION
·									

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649

Schedule I (Form 990) (2017)

Page 2

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(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) CONTRIBUTION IS MADE PER INTERNATIONAL MANDATED AMOUNT, MONITORING IS NOT Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: REQUIRED. Part III

Schedule I (Form 990) (2017)

732102 11-01-17

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649

Employer identification number 37-0347380

Questions Regarding Compensation

	·			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	1			
	First-class or charter travel Housing allowance or residence for personal use	l			
	Travel for companions Payments for business use of personal residence	ŀ			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ŀ			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract	ŀ			
	Independent compensation consultant Compensation survey or study	İ			
	Form 990 of other organizations X Approval by the board or compensation committee				:
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
*	organization or a related organization.	1			
_	A Language of the standard consents		4a		x
a	Down the state of	}	4b		X
b	Participate in, or receive payment from, an equity-based compensation arrangement?	- }	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	٠ . ا	40		
	11 165 to any of lines 42-0, list the persons and provide the applicable amounts for each from in the art in				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- 1			<u> </u>
	contingent on the revenues of:				}
а	The organization?		<u>5a</u>		<u> </u>
þ	Any related organization?		<u>5b</u>		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III				l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		<u> </u>
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ļ			
	Regulations section 53 4958-6(c)?		_9_		

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37-0347380

Page 2

Schedule J (Form 990) 2017 WORKERS LOCAL NO. 649

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(ii) Base (iii) Bonus & (iii) Other reportable compensation compensation 112, 809. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
TERRY L. SHEWMAKE (0) 112,809. 0. BUS, MGR. ALAN RUBENSTEIN (1) 110,487. 0. IJER (1) 0. 0. CHARLES A. YANCEY (1) (1) (1) ESS MOR (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (3) (4) (1) (1) (1) (1) (1) (4) (1) (1) (1) (1) (1) (1) (5) (1) (1) (1) (1) (1) (1) (1) (1) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(A) Name and Trtle	<u>-</u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
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WORKERS LOCAL NO. 649 Part III Supplemental Information

Schedule J (Form 990) 2017

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

Page 3

37-0347380

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 649

Employer identification number 37-0347380

FORM 990, PART VI, SECTION A, LINE 2:
CHARLIE YANCEY, BUSINESS MANAGER, IS THE FATHER OF ROBERT YANCEY, A MEMBER
OF THE EXAMINING BOARD.
FORM 990, PART VI, SECTION A, LINE 6:
ORGANIZATION CONSISTS OF MEMBERSHIP THAT FLUCTUATES BETWEEN 450 AND 500
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE ON APPROVAL OF BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS VOTE ON APPROVAL OF BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE PRESENTED TO THE BOARD WITH THE FINANCIAL STATEMENTS FOR
THEIR REVIEW SHORTLY AFTER THE MAY 15TH FILING REQUIREMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
CHARLIE YANCEY, BUSINESS MANAGER, PERSONALLY MONITORS, REVIEWS, AND
ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY. CONFLICTS OF
INTEREST ARE REVIEWED BY THE BUSINESS MANAGER ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF ALL EMPLOYEES IS IN LINE WITH COLLECTIVE BARGAINING
AGREEMENTS. THESE MULTI-YEAR AGREEMENTS ARE APPROVED BY THE BOARD. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2					
Name of the organization	INTERNATIONA WORKERS LOCA		OF ELECTRICAL	Employer identification number 37-0347380	
FORM 990, PART	r VI, SECTION	C, LINE 19:			
DOCUMENTS, POI	LICIES AND FI	NANCIAL STATE	MENTS ARE AVAILA	BLE UPON REQUEST.	
FORM 990, PAR	r XII, LINE 2	С			
THERE WAS NO	CHANGE IN THE	ORGANIZATION	'S OVERSIGHT PRO	CESS OR	
SELECTION PROC	CESS FROM THE	PRIOR YEAR.			
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