832001 12-31-18

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury

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

<u>in</u>	cinai nev	Go to www.irs.gov/Form990 for instructions and	a ine late	st imormation.	mapection
A	For th	e 2018 calendar year, or tax year beginning and	ending		
R	Check	C Name of organization		D Employer identific	ation number
	Check if applicat	INTERNATIONAL BROTHERHOOD OF ELECTRIC	<b>Δ</b> Τ.		<del></del>
г	──Addr		VT		
إ	Addr	WORKERS LOCAL NO. 649		⊣	
Į	Nam chan			37-03	347380
[	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	ite E Telephone number	
Ī	Final	2015 HIMBERT POAD		(618)	462-1627
	retur termi ated	*			1,631,686.
г	ated Ame:			G Gross receipts \$	
į	retur	ALION, IL 62002		H(a) Is this a group ref	
	Appl tion	F Name and address of principal officer	1	for subordinates?	Yes X No
	pend	SAME AS C ABOVE	14	H(b) Are all subordinates in	Tude X7 X Yes No
_	Taylor	xempt status: 501(c)(3) X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1),	hr V 5		ist (see instructions)
			•	<b>—</b>	
		ite: ► IBEW649.ORG	<u> </u>	H(c) Group exemption	
		of organization. X Corporation	<u>  L Ye</u>	ar of formation: 1909 M	State of legal domicile: 11
L	Part I	Summary			
	. 1	Briefly describe the organization's mission or most significant activities. CONT	IUUI	NG TO ENSURE	MPROVED
	Activities & Governance	CONDITIONS, EDUCATION, AND TRAINING IN T			
	ر ق				
	ဉ်   2 စုံ	Check this box I if the organization discontinued its operations or dispo	sea or m	_	
	န္တ   3	Number of voting members of the governing body (Part VI, line 1a)		3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
	g 5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	10
	= 6	Total number of volunteers (estimate if necessary)		6	16
•	<b>≩</b>   ~	•		7a	0.
,	¥ / '	Total unrelated business revenue from Part VIII, column (C), line 12		<del></del>	
<u> </u>	<u>_</u>	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
2019			<u> </u>	Prior Year	Current Year
	ം 8	Contributions and grants (Part VIII, line 1h)	L	0.	0.
AUG 03	Sevenue 9 10	Program service revenue (Part VIII, line 2g)		945,443.	1,040,446.
0	9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ľ	20,086.	12,512.
9			<del> </del>	47,590.	48,651.
¥	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	}-		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,013,119.	1,101,609.
SCANNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	173,426.	202,639.
Z	14	Benefits paid to or for members (Part IX: column (A) ##114 4)		0.	0.
Z		Salaries, other compensation employee benefits. Part IX, column (A), lines 5-10)	ſ	737,040.	642,800.
Ķ	is is		l l	737,0300	0.
$\mathbf{g}$	15 16a 16a 17	Professional fundraising lees (Part IX, column (A), Irrent e)	_	<u></u>	
0)	욧 !	Total fundraising expenses (Part IX, column (D) line 25)	0.		
ı	<mark>ш</mark>   17	Other expenses (Part IX column (A), thes 11a-11d, 124e)	L	214,163.	207,560.
	18	Total expenses Add intes 13-17 (must-equal-Part-IX; column (A), line 25)	İ	1,124,629.	1,052,999.
	19	Revenue less expenses Sultine in the from los.12		-111,510.	48,610.
_		TOVERSO TOSO EXPONENTE CONTRACTOR AND		Beginning of Current Year	End of Year
ţ			<b>}</b>		
dy	Fund Balances 20 21 22	Total assets (Part X, line 16)	-	969,095.	1,024,011.
Ă	필 21	Total liabilities (Part X, line 26)	<u>ļ</u> _	12,083.	18,389.
Ž	년 <u>22</u>	Net assets or fund balances Subtract line 21 from line 20		957,012.	1,005,622.
	Part II	Signature Block			
<u> </u>		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stat	ements and to the hest of my	knowledge and helief it is
	•				Kilomougo una bonoi, k io
<u>tr</u>	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of w	nich prepa	irer has any knowledge.	
		Slew Muse		<u></u>	···
S	ign	Signature of officer		Date	
	lere	Terry Showmake Bysiness Manage	,	5-13	-19
•	iei e	Type or print name and title			
_				Date Check	]  PTIN
		Print/Type preparer's name Preparer's signature		1 1	
P	aid	JENNA ANDRES CPA Genna Angles,	CPA	05/07/19 self-employe	
P	reparer	Firm's name SCHEFFEL BOYLE S.L. Boyle		Firm's EIN	37-1206530
IJ	se Only	Firm's address 322 STATE ST			
·		ALTON, IL 62002-6135		Phone no. (63	L8) 465-4288
-			· · · · · ·	11 110110 1101 7 0 2	X Yes No
-		IRS discuss this return with the preparer shown above? (see instructions)			
0.	22001 12	31-18 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form <b>990</b> (2018)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	m 990 (2018) WORKERS LOCAL NO. 649	<u> 37-0347380</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		<del></del>
	CONTINUING TO ENSURE IMPROVED CONDITIONS, EDUCATION, A	ND TRAINING IN	J.
	THE ELECTRICAL INDUSTRY.		
		· · · · · · · · · · · · · · · · · · ·	-
2	Did the organization undertake any configent program conject during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes [	V Na
	prior Form 990 or 990-EZ?	Yes (	NO LA
	If "Yes," describe these new services on Schedule O.		[ <del></del>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	LX No
	If "Yes," describe these changes on Schedule O		·
4	Describe the organization's program service accomplishments for each of its three largest program services,	, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$	evenue \$	)
			•
4b	(Code) (Expenses \$ Including grants of \$) (Re		١
710	(Code ) (Expenses \$ including grants of \$ ) (Re	venue 5	· '
		<del></del>	
		<del></del>	
4c	/out		١
40	(Code) (Expenses \$ including grants of \$) (Re	venue \$	—— '
		<del> </del>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4.	Total program service expenses		

Form 990 (2018) WORKERS LOCAL NO. 649

Part IV Checklist of Required Schedules

37-0347380

			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		-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	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	_	<del>                                     </del>
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 98-197 If "Yes," complete Schedule C, Part III	5	X	<del> </del>
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		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		- T
	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			v
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			1
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		A
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<del>  ^}</del>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<b>.</b>
	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,	17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
D 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<del>                                     </del>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
_				

Form 990 (2018)

WORKERS LOCAL NO. 649 37-0347380 Form 990 (2018) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х Schedule J 23 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 Х 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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 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 Х 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 of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. or IV. and X Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 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 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 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38 Note, All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 5 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 10 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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? 9h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations, Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O Form 990 (2018)

Form 990 (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$
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			
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	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?	3		Х
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		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	,		
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ľ		
	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		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		٠,,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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	ļ
13	Did the organization have a written whistleblower policy?	13	X	ļ
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
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?	4=	<b>.</b>	
	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
þ	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)			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		A
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
500	exempt status with respect to such arrangements? tion C. Disclosure	IOD	L	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
18	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, 474116	
	Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
19	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			
20	TERRY L. SHEWMAKE - (618) 462-1627			
	2045 HIMPERT BOAD ALTON II 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

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

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

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

Check this box if neither the organiz	(B)			((	<b>&gt;)</b>			(D)	(E)	(F)
Name and Title	Average	Ido		Pos	itıon	than	one	Reportable	Reportable	Estimated
	hours per	box	unle:	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	-	er an	oao	recto	r/trus	tee)	from	from related	other
	(list any hours for	lirecta				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 6	stee			sated	ŀ	(W-2/1099-MISC)	(**-2/1099-101130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************		and related
	below	ndual	tution	la la	Key employee	est co	þ			organizations
	line)	ıbu	Insti	Officer	Ke	돌를	Former			
(1) TERRY L. SHEWMAKE	50.00									
BUSINESS MGR.		X		X			_	118,824.	0.	51,641.
(2) ALAN H. UZZELL	2.00						•		_	_
PRESIDENT		X		X				5,757.	0.	0.
(3) ALAN RUBENSTEIN	50.00	ļ					ļ		_	
ORGANIZER		X		X				116,046.	0.	51,557.
(4) JOHN W. FRANCIS	2.00									
VICE PRESIDENT		X		X		_		126.	0.	0.
(5) STEVEN R. NAYLOR	2.00							0.016	_	•
RECORDING SECR.	1 00	X		X				2,016.	0.	0.
(6) DANIEL DAINE	1.00	٠,							•	420
EXECUTIVE BOARD	F0 00	Х						0.	0.	420.
(7) CHARLES A. YANCEY	50.00	3,		3.7				E4 C00		22 005
FORMER BUSINESS MGR	1 00	Х		Х				54,600.	0.	23,095.
(8) JEFF A. FORBES	1.00	X						0.	0.	462.
EXECUTIVE BOARD	1.00	Δ		_			├—	0.		402.
(9) RON G. MILLER	1.00	х						0.	0.	378.
EXECUTIVE BOARD	1.00	^						0.		370.
(10) SEAN P. GREGORY	1.00	Х						0.	0.	168.
EXECUTIVE BOARD (11) M. TIM WENSE	1.00	~				-		0.	•	100.
EXECUTIVE BOARD	1.00	х						0.	0.	462.
(12) JEFFREY HEFLIN	1.00									
EXECUTIVE BOARD		х						0.	0.	0.
(13) RICK L. KESSINGER	1.00									
EXECUTIVE BOARD		Х						0.	0.	126.
(14) MICHAEL D. KITCHELL	1.00					-				
EXECUTIVE BOARD		Х						0.	0.	336.
(15) PAUL E. HAWKINS	1.00									
EXECUTIVE BOARD		Х					L	0.	0.	336.
(16) PETE L. DOCHWAT	1.00									
EXECUTIVE BOARD		Х						0.	0.	336.
(17) STEPHEN C. ROTH	1.00									
EXECUTIVE BOARD		X		L	L		<u> </u>	0.	0.	0.
										Form 990 (2018)

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Part VII Section A. Officers, Directors, Trus (A)	(B)	J.O.,	CCS		<u>2</u> 2)	giic	3	(D)	(E)	Т		(F)	
Name and title	Average	l		Pos	ition			Reportable	Reportable		Es	timate	ed
Tame and alle	hours per					than is bot		1	compensation			ount	
	week		cer ar	d a d	recto	or/trus	tee)	from	from related		1	other	
	(list any	ector						the	organizations			pensa	
	hours for	or dir	<u>ي</u>			ated		organization	(W·2/1099·MISC)	/		om the	
	related organizations	nstee	trustee		٠,	bens		(W-2/1099-MISC)			_	anizatı	
	below	nal fr	lonal		Plog	E COT	_					d relati Inizatio	
	line)	Individual frustee or director	institutional 1	Officer	Кеу етріоуее	Highest compensated employee	i ii				orga	ıınzaın	J113
/19) DODEDE T WANGEW	1.00	=	=	0	×	1 0	۳.		<del></del> .	+			
(18) ROBERT L. YANCEY EXAMINING BOARD	1.00	-X-	l						ď	).L			0.
(19) TRAVIS S. LEE	1.00					T	H			+			
EXAMINING BOARD		x						0.	(	).			0.
(20) MARK R. BEHME	1.00			-		1		<del> </del>	· · · · ·	7			
EXAMINING BOARD	1100	x						0.	(				0.
(21) DAVID B. WISEMAN	1.00	-	<b> </b>		-	-		-	<b>`</b>	+			
EXAMINING BOARD	1100	$\mathbf{x}$						0.	(	).			0.
(22) R. TIM WIECKHORST	1.00	<del>                                     </del>						1		+			
TREASURER	1100	$\mathbf{x}$		х				2,185.	(	).			0.
(23) GREGORY D. KAMP	1.00	1				<u> </u>		2,103.		+			
EXECUTIVE BOARD	1100	x		ļ				0.	(	).			0.
BABCOTTVB DOIND	<del>                                     </del>	<del> </del>	Т							+			
		1											
						Ť				十			
		1				ľ							
										$\dashv$			
		1											
1b Sub-total							▶	299,554.	(	).	12	9,3	$\overline{17}$ .
c Total from continuation sheets to Part V	II. Section A						<b>•</b>	0.		).			0.
d Total (add lines 1b and 1c)							<b>•</b>	299,554.		).	12	9,3	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	no r		,000 of reportable				
compensation from the organization						· 			•				2
												Yes	No
3 Did the organization list any former officer	director, or tru	uste	e, ke	y en	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual									L	3		Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	ation	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	uni	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," con	plete Schedul	e J 1	or s	uch	pers	son				$\perp$	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsa	ition fi	rom	
the organization Report compensation for	the calendar y	ear	endı	ng w	vith	or w	ıthı	n the organization's tax	/ear				
(A)								(B)			(C	;)	
Name and business	address	N	<u>INC</u>	<u> </u>				Description of s	ervices		mper	nsatio	<u> </u>
								··· • · ·					
2 Total number of independent contractors (		ot li	mite	d to		se li: O	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	zation 🚩					<u>~</u>							

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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 (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 900099 1,040,446.1,040,446. 2 a MEMBERSHIP DUES & ASSE Program Service Revenue f All other program service revenue 040,446. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21,342. 21,342. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents 58,355. 0. b Less. rental expenses 58,355 c Rental income or (loss) 58,355. 58,355. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 508,334. assets other than inventory b Less: cost or other basis 517,164. and sales expenses -8,830. c Gain or (loss) -8,830 -8,830. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 2,986. and allowances 12,913. b Less. cost of goods sold -9.927. -9.927. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 223. 900099 223. 11 a MISCELLANEOUS d All other revenue 223. e Total. Add lines 11a-11d ,609.1,030,742. 0. 70,867. 101 Total revenue. See instructions

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Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 202,639 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 428,872. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 138,322. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 35,081 Other employee benefits 40,525. Payroll taxes 10 Fees for services (non-employees). a Management Legal 18,280.c Accounting 21.122. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,133. 12 Advertising and promotion 11.549. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,556 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 13,291. Insurance 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 38,211. a REAL ESTATE TAXES 20,424. ь REPRESENTATIONAL ACTIVI c DUES & SUBSCRIPTIONS 14,081. d REPAIRS & MAINTENANCE 11,835. 44,078 e All other expenses 1,052,999. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,869. 3,866. 1 Cash - non-interest-bearing 1 485,180. 357,901. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 607,328. 536,962. 11 11 Investments - publicly traded securities 12 Investments · other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 969,095 1,024,011 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 12,083. 25 <u> 18,389.</u> 18,389. 12,083. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 957,012 1,005,622. Retained earnings, endowment, accumulated income, or other funds 32 957,012. 1,005,622. 33 Total net assets or fund balances 1,024,011. 969,095. Total liabilities and net assets/fund balances

Form 990 (2018)

37-0347380 WORKERS LOCAL NO. 649 Page 12 Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,101,609. 1 Total revenue (must equal Part VIII, column (A), line 12) 1,052,999. 2 Total expenses (must equal Part IX, column (A), line 25) 2 48,610. 3 Revenue less expenses. Subtract line 2 from line 1 957.012 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 1,005,622. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990. X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Both consolidated and separate basis X Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2018)

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

### **SCHEDULE C**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047 **2018**Open to Public

Inspection

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

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

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

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

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

. and to the copial are interested to the tree to the				
<ul> <li>Section 501(c)(4), (5), or (6) organizate</li> </ul>			•	-
	TIONAL BROTHERH	OOD OF ELECT	RICAL Emp	oloyer identification number
WORKERS	LOCAL NO. 649			37-0347380
Part I-A   Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 o	organization.
1 Provide a description of the organiz	ation's direct and indirect polit	ical campaign activities	ın Part IV.	
2 Political campaign activity expendit	ures		<b>&gt;</b> :	\$
3 Volunteer hours for political campai	gn activities			
·	_			
Part I-B Complete if the org	anization is exempt un	der section 501(c	)(3).	
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	<b>&gt;</b> :	\$
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 495		\$
3 If the organization incurred a section	• •	•		Yes No
4a Was a correction made?	,	•		Yes No
<b>b</b> If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt un	der section 501(c	), except section 501	(c)(3).
1 Enter the amount directly expended			· · · · · · · · · · · · · · · · · · ·	<u> </u>
2 Enter the amount of the filing organ		•		
exempt function activities		<b>3</b>	<b>&gt;</b> :	\$
3 Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POI		
line 17b			, ▶:	\$
4 Did the filing organization file Form	1120-POL for this year?		•	Yes X No
5 Enter the names, addresses and en		FIN) of all section 527 n	olitical organizations to whi	
made payments. For each organiza	• •	•	•	
contributions received that were pro	•			•
political action committee (PAC) If a		• •	-	5 5
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Addiess	(0) 2.114	filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly
				delivered to a separate
				political organization If none, enter -0
				<b>1</b>
SEE ATTACHED			0	. 21,122.
SEE ATTACHED	<del> </del>		<del> </del>	. 21,122.
		<del></del>		
-				
		1	i i	i .

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018	WORKERS LOC	AL NO. 649	<u>-</u>	37-0	)347380 Page 2
Part II-A Complete if the org	anization is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).		··· ·· ·· ·· ··			
			Part IV each affiliated	group member's nar	ne, address, EIN,
<del></del>	re of excess lobbying				
B Check ► if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		T
	ts on Lobbying Expe	nditures ınts paid or incurred.		(a) Filing organization's	(b) Affiliated group totals
			'	totals	
1a Total lobbying expenditures to infli	uence public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	•				
d Other exempt purpose expenditure	es	•			
<ul> <li>Total exempt purpose expenditure</li> </ul>	s (add lines 1c and 1c	d)	,		
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, enter -0-		,		<u></u>
i Subtract line 1f from line 1c If zero	o or less, enter -0-		Į		
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(O		eraging Period Under			
(Some organizations t		01(h) election do not ate instructions for li		of the five columns i	below.
	<del></del>				
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	( <b>c</b> ) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
	!				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				-	
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990 EZ) 2018 WORKERS LOCAL NO. 649 37-034738

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	3)	(t	<u>)                                    </u>
of the lobbying activity	Yes	No	Amo	unt
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				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j 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			·	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d 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), sect	ion 501(c)	(5), or se	ection	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
1 Were substantially all (30% of more) does received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c)	2 (5), or se		X
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> </ul>	ion 501(c)	2 3 (5), or se R (b) Par	t III-A, lir	X ne 3, is
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### 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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		LOCAL NO.			<del></del>	041				Page Z
Par										
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	at are a sigi	nificant ι	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations				_					
4	Provide a description of the organization's co	llections and explai	n how th	nev further th	ne organizati	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
•	to be sold to raise funds rather than to be ma					o. oa. e			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang					"Ves" on F	orm 990	Part IV		
	reported an amount on Form 990, Par		310 II II I	organization	ii alisweled	163 0111	0.111 330	, , , ,	J, O	
10	Is the organization an agent, trustee, custodi		tion, for	contribution	c or other as	eete not ir	ocluded			
ıa	on Form 990, Part X?	an or other intermet	nary ior	CONTRIBUTION	S Of Other as	33613 1101 11	iciadea	_	Yes	☐ No
	·			4-61-				_	_ 1es	140
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing	table					<b>A</b>	
							\		Amount	
С	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 cu	ustodial acco	ount liability	y?		_ Yes	<u></u> №
	If "Yes," explain the arrangement in Part XIII			_						
Pa	t V Endowment Funds. Complete it	the organization ar	swered	"Yes" on Fo	rm 990, Par	t IV, line 10	)			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1	a. column (a	i)) held as:					
a	Board designated or quasi-endowment	,	%	<b>3</b> , (-	,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment	^% %								
·	The percentages on lines 2a, 2b, and 2c short									
20	Are there endowment funds not in the posse	•	ation the	at are held a	nd administr	ared for the	organia	ration		
Sa		ssion of the organiz	anontin	at are rielu a	na auminist		organiz	ation	Γ	Yes No
	by								3a(i)	162 NO
	(i) unrelated organizations									
	(ii) related organizations	A		Naha dala DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Bar	Describe in Part XIII the intended uses of the		wment	tunas		<del></del>				
Pai	t VI Land, Buildings, and Equipm		0 D4 II	/ long 44 - C		0 0-4 / 6	10			
	Complete if the organization answered		_			1		. d	Idl Dari	· volue
	Description of property	(a) Cost or o		, , ,	or other	, ,,,	cumulate	ea	(d) Book	k value
	<del> </del>	basis (investr	nent)	basis	(otner)	depr	eciation			
1a	Land									
b	Buildings						_	-+		
С	Leasehold improvements									
d	Equipment	ļ	-							
е	Other									

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 37-0347380 Page 3 WORKERS LOCAL NO. 649 Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3)(4)(5) (6)(7) (8)(9) Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6)

(9)
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Other Liabilities.

(7) (8)

Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL DEDUCTIONS PAYABLE	18,389.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	18,389.

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) 2018 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 1,114,522. 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 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 12,913. 2d d Other (Describe in Part XIII) 12,913. e Add lines 2a through 2d 2e 3 1.101.609. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b - Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 101 609. 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. 1,059,606. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990. Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 12,913. d Other (Describe in Part XIII) 2d 12,913. e Add lines 2a through 2d 2e 1.046.693. 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 4a 306. 6. b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 6,306. 052,999. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: 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 TAKEN IN A TAX RETURN. TOPIC 740 DEVELOPED A TWO-STEP PROCESS TO EVALUATE A TAX POSITION AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, THE LOCAL HAS NOT RECORDED A RESERVE FOR ANY DISCLOSURE AND TRANSITION. 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

JURISDICTIONS AND HAS PROPERLY CHARACTERIZED ALL INCOME AND EXPENSE ITEMS

832054 10-29-18

Schedule D (Form 990) 2018

37-0347380 Page 5 WORKERS LOCAL NO. 649 Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued) ON SUCH RETURNS. THE OPEN TAX YEARS ARE THOSE YEARS ENDED DECEMBER 31, 2015 THROUGH DECEMBER 31, 2018. THE 2018 TAX RETURN HAS NOT BEEN FILED AS OF THE DATE OF THIS REPORT. AS OF DECEMBER 31, 2018 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, 2018. PART XI, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE 12,913. PART XII, LINE 2D - OTHER ADJUSTMENTS: HATS & T-SHIRT EXPENSE NETTED W/ REVENUE 12,913. PART XII, LINE 4B - OTHER ADJUSTMENTS: CHANGE IN PAYROLL TAX LIABILITY 6,306.

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

Internal Revenue Service	▼ Go to www.ir	■ Go to www.irs.gov/Form990 for the latest information.	r the latest inform	nation.		Inspection
Name of the organization INTERNATIONAL F	BROTHERHOOD OF NO. 649	ELECTRICAL	ū			Employer identification number 37-0347380
s and Assis						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	itiate the amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	or monitoring the use of grant	funds in the United	J States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 930, Part IV, line 21, for any	: Organizations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	art II can be duplicated if addit	if additional space is needed	pel			
1 (a) Name and address of organization or government	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THERHOOD OF ELECTRICA						DECEMBER MANAGEMENT
WORKERS - 900 SEVENIR SIREEI, N.W.	7 (7)	197 729	c	Ho & C		CONTRIBITION
VARIOUS CHARITABLE ORG	501(C) 3	4,910.	0	CASH		CHARITABLE CONTRIBUTION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ment organizations listed in th	ne line 1 table				<b>A</b>
3 Enter total number of other organizations listed in the line 1 table	the line 1 table					<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	Instructions for Form 990.					Schedule I (Form 990) (2018)

Page 2

37-0347380

Schedule I (Form 990) (2018) WORKERS LOCAL NO. 649

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

(f) Description of noncash assistance (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 (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. Schedule I (Form 990) (2018)

### **SCHEDULE J** (Form 990) ·

Department of the Treasury

**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

► Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL BROTHERHOOD OF ELECTRICAL

**Employer identification number** 37-0347380

WORKERS LOCAL NO. 649

Part I 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					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence			1		
-	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1				
	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	ł				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	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?					
			ŀ	1		
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	ł	i			
	Compensation committee Written employment contract	ĺ				
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee			1		
		}				
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  Receive a severance payment or change-of-control payment?			v		
		4a 4b		X		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	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					
	contingent on the revenues of					
а	The organization?	5a				
	Any related organization?			_		
	If "Yes" on line 5a or 5b, describe in Part III.					
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				
b	Any related organization?	6b		<u> </u>		
	If "Yes" on line 6a or 6b, describe in Part III					
7						
	not described on lines 5 and 6? If "Yes," describe in Part III					
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					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 4958-6(c)?	9		l		

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

Schedule J (Form 990) 2018

37-0347380

WORKERS LOCAL NO. 649

Schedule J (Form 990) 2018

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

		(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
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
(1) TERRY L. SHEWMAKE	3	118,824.	0	0	51,641.	0	170,46	0.
INESS MGR.	: 3		0	0	0	0		0
BENSTEIN	Ξ	116,046.	0.	0.	51,557.	0	167,60	0.
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							Schedu	Schedule J (Form 990) 2018

WORKERS LOCAL NO. 649

Page 3 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 37-0347380 Part III | Supplemental Information Schedule J (Form 990) 2018

Schedule J (Form 990) 2018		
-		

### SCHEDULE O

832211 10-10-18

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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, WHO RETIRED AS BUSINESS MANAGER ON MAY 31, 2018, 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:
TERRY SHEWMAKE, 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) (2018)

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL Employer identification number 37-0347380  FORM 990, PART VI, SECTION C, LINE 19:  DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  FORM 990, PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR  SELECTION PROCESS FROM THE PRIOR YEAR.	Schedule O (Form 990 or 990-EZ) (20	)18)		Page 2
FORM 990, PART VI, SECTION C, LINE 19:  DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  FORM 990, PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR			OF ELECTRICAL	Employer identification number
DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  FORM 990, 'PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR	WORK	ERS LOCAL NO. 649		37-0347380
DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  FORM 990, 'PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR				
DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.  FORM 990, PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR				
FORM 990, PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR	FORM 990, PART VI,	SECTION C, LINE 19:		
FORM 990, PART XII, LINE 2C  THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR	DOCIMENTO DOLLOTE	C AND ETNIANCTAL CHAMEN	מהאוחפ אסה אנואדו אסי	יב ווסטא פבטוובכיי
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR	DOCUMENTS, POLICIE	5 AND FINANCIAL STATES	TENTS ARE AVAILAB	DE OFON REQUEST:
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR				
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR				
	FORM 990, PART XII	, LINE 2C	<del> </del>	
	THERE WAS NO CHANG	E IN THE ORGANIZATION'	'S OVERSIGHT PROC	ESS OR
SELECTION PROCESS FROM THE PRIOR YEAR.	THERE WILL IN CHARGE	21, 1112 0110121212121		
	SELECTION PROCESS	FROM THE PRIOR YEAR.		
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