

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1908 LOCAL. Address: 1743 GREYTWIG PLACE, MALABAR, FL 32950

D Employer identification number: 59-6133820. E Telephone number: (321) 288-2660. F Group Exemption Number: 0064

G Accounting Method: [ ] Cash [x] Accrual Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.SCU4IBEW.ORG

J Tax-exempt status (check only one): [ ] 501(c)(3) [x] 501(c)(5) (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$145,052

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership dues, Investment income, etc.) and Expenses (Grants, Benefits, Salaries, etc.). Total revenue is 145,052 and total expenses is 143,727. Net assets at end of year are 73,281.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	71,956	<b>22</b>	73,281
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	71,956	<b>25</b>	73,281
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	71,956	<b>27</b>	73,281

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
LABOR ORGANIZATION - ELECTRICAL WORKERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> LABOR ORGANIZATION - ELECTRICAL WORKERS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> LABOR ORGANIZATION - ELECTRICAL WORKERS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

Yes No

47 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 . . . . . 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on preparer's knowledge.

Sign Here \*\*\*\*\* Signature of officer MICHAEL SEXTON PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name STANLEY E RETZ CPA Preparer's signature Firm's name RETZ BAKER PA CPA'S Firm's address 1415 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 32780

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-6133820

**Name:** INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS 1908 LOCAL

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL SEXTON TOOK OFFICE 71010 PRESIDENT	15 00	13,797		
MARCOS ROMERO TOOK OFFICE 61010 REC SEC	15 00	4,510		
RICHARD PRICE TOOK OFFICE 610 VICE PRESIDE	15 00	4,503		
MIKE HOLLAND LEFT OFFICE 613 FIN SECRETAR	000 00	0		
THOMAS CONNORS TOOK OFFICE 712 TREASURER	20 00	5,795		
LARRY BRYAN TOOK OFFICE 0713 FIN SECRETAR	15 00	3,066		

**SCHEDULE O**  
(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 to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS 1908 LOCAL

**Employer identification number**

59-6133820

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	I B E W PER CAPITA TAX 31,071 SYSTEM COUNCIL PER CAPITA TAX 51,282
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 1,105 SUB-CONTRACTOR 38,768 MISCELLANEOUS EXPENSE 1,815 SUPPLIES 1,321 TRAVEL EXPENSES 3,021 LODGING 5,811 MEETINGS 380 BANK SERVICE CHARGES 60 SEMINARS & CONTINUED EDUC 565 TELEPHONE 1,442 MEALS 2,476 TOTAL 56,764
FORM 990-EZ, PART II, LINE 24	COMPUTERS 3,008 3,008 LESS ACCUMULATED DEPRECIATION 3,008 3,008 FURNITURE, FIXTURES & EQUIPMENT 2,165 2,165 LESS ACCUMULATED DEPRECIATION 2,165 2,165 TOTAL 0 0
FORM 990-EZ, PART III, LINE 31	LABOR ORGANIZATION - ELECTRICAL WORKERS

## TY 2013 Compensation Explanation

**Name:** INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS 1908 LOCAL

**EIN:** 59-6133820

Person Name	Explanation
MICHAEL SEXTON TOOK OFFICE 71010	
MARCOS ROMERO TOOK OFFICE 61010	
RICHARD PRICE TOOK OFFICE 610	
MIKE HOLLAND LEFT OFFICE 613	
THOMAS CONNORS TOOK OFFICE 712	
LARRY BRYAN TOOK OFFICE 0713	