

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Number and street (or P O box, if mail is not delivered to street address): 5010 N Courtenay Pkwy
Room/suite: [blank]
City or town, state or province, country, and ZIP or foreign postal code: Merritt Island, FL 32953

D Employer identification number: 59-6133820
E Telephone number: (321) 508-2499
F Group Exemption Number: 0064

G Accounting Method: Cash Accrual Other (specify) _____
I Website: _____
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

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

K Form of organization: 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. **\$ 167,210**

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	0
2 Program service revenue including government fees and contracts	0
3 Membership dues and assessments	167,205
4 Investment income	5
5a Gross amount from sale of assets other than inventory	0
5b Less cost or other basis and sales expenses	0
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6 Gaming and fundraising events	
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	0
6b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6c Less direct expenses from gaming and fundraising events	0
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a Gross sales of inventory, less returns and allowances	0
7b Less cost of goods sold	0
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8 Other revenue (describe in Schedule O)	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	167,210
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	88,874
11 Benefits paid to or for members	0
12 Salaries, other compensation, and employee benefits	36,281
13 Professional fees and other payments to independent contractors	0
14 Occupancy, rent, utilities, and maintenance	1,800
15 Printing, publications, postage, and shipping	0
16 Other expenses (describe in Schedule O)	15,388
17 Total expenses. Add lines 10 through 16	142,343
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	24,867
Net Assets	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	133,334
20 Other changes in net assets or fund balances (explain in Schedule O)	0
21 Net assets or fund balances at end of year Combine lines 18 through 20	158,201

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		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 "

(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 "

(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) organizations that have completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, and I believe that the return and all information furnished to me are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____
 Jeremy Welch Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name ▶	
Firm's address ▶	

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 59-6133820
Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Labor organization - electrical workers (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Employer identification number

59-6133820

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10	IBEW Percapita \$37,518 00 System Council Percapita \$51,355 03

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description, Amount^Lodging, 2389 Meals, 4678 Meeting, 180 Misc, 5227 Office, 670 Telephone, 1232 Travel, 952 Bank Fees, 60^Total, 15388^