



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



DELINQUENT RETURN SECURED BY EOCU

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 black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2006Open to Public
Inspection

A For the 2006 calendar year, or tax year beginning July 1st, 2006, and ending June 30th, 2007

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization IBEW Local # 1684
 Number and street (or P.O. box, if mail is not delivered to street address) 941 WESTSIDE AVE. Room/suite 2
 City or town, state or country, and ZIP + 4 JERSEY CITY NJ 07306

D Employer identification number 13-6227799
E Telephone number (201) 736-9606
F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
 Other (specify)

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

I Website: None

J Organization type (check only one) ☒ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 8 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (line 9 less line 17)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	16	Other expenses (describe <u>Convention, Food, officers hot line, Parking, Trips</u>)		
6	Special events and activities (attach schedule). If any amount is from gaming, check here ☐	17	Total expenses (add lines 10 through 16)		
6a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1)				
6b	Less: direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (line 6a less line 6b)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)				
8	Other revenue (describe <u> </u>)				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2000.00	821.00
23 Land and buildings	0	0
24 Other assets (describe <u> </u>)	0	0
25 Total assets	0	0
26 Total liabilities (describe <u> </u>)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2000.00	821.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108421

Form 990-EZ (2006)

664

SCANNED FEB 17 2010

Form 990-EZ (2006)

Page 2

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? _____ Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	 (Grants \$) If this amount includes foreign grants, check here ☐	28a	0
29	 (Grants \$) If this amount includes foreign grants, check here ☐	29a	0
30	 (Grants \$) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	31a	0
32	Total program service expenses (add lines 28a through 31a) ☐	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(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
Please see attach form				
.....				
.....				
.....				
.....				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	1100.00
b	Gross receipts, included on line 9, for public use of club facilities	39b	0

Form 990-EZ (2006)

Form 990-EZ (2006)

Page 3

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 0; section 4912 0; section 4955 0**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		☒
40c		
40e		☒

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0**d** Enter amount of tax on line 40c reimbursed by the organization 0**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? N/A**41** List the states with which a copy of this return is filed. N/A**42a** The books are in care of IBEW Local #1684 Telephone no. (732) 670-1408
Located at 1205 Union Ave., Union Beach, N.J. ZIP + 4 01735**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		☒
42c		☒

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 43**Please
Sign
Here**

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer Abdul A Khan Date 01-21-10Type or print name and title. ABDUL A KHAN (Fin. Sec.)**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

Form 990-EZ (2006)

OFFICERS AND DISBURSEMENTS OFFICERS

FILE NUMBER: 037-902

Enter Amounts in Dollars Only—Do Not Enter Cents

FILE NUMBER: 037-902

(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)

(B) Title	(Enter title of officer such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1.	BRACEWELL PRES	DEARICK C	1200	1200	2400
2.	FINK VICE PRES	RICHARD E	900	900	1800
3.	THOMAS TREAS	JAMES P	900	900	1800
4.	KHAN FIN SEC	ABDUL C	900	900	1800
5.	WILLIAMS REC SEC	CLAY C	600	600	1200
6.	PEREZ TREAS	EDGAR N	00	00	00
7.					
8.	Totals from additional pages (if any)				
9.	Totals of Lines 1 through 8				
			10. Less Deductions	00	4500.00
			11. Net Disbursements	4500	4500

Enter the Total from Line 11 in _____ Item 45 →

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)