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SCALLIED APR 0 5 2011

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	e 2010 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	cation number
	applicab	International Brotherhood of Electrica	al		
Γ	Addre	ss   1			
┢	Name	- D- D - D - D - D - D - D - D - D - D		1 ··· · · · · · · · · · · · · · · · · ·	095705
F	chang lnitial		Room/suite	E Telephone number	
늗	return Termi		nuuiii/Suite	•	
늗	ated Amen	230 Goudard Road			786-9770
느	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	470057.
L	tion pendi	Lewiston, ME 04240		H(a) Is this a group re	
	pondi	F Name and address of principal officer Al Snepard		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	luded? Yes No
<u>1</u>	Tax-ex	empt status: 501(c)(3) X 501(c) ( 5 ) ( (Insert no.) 4947(a)(1) c	or 🔙 527	If "No," attach a	list. (see instructions)
J	Websi	te: > www.ibew567.com		H(c) Group exemption	n number 🕨
		organization:	L Year		State of legal domicile: ME
_	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Promo	ote We	lfare of IIn	ion Members
Activities & Governance	'	2 2 Onto	<u> </u>	TIGIC OF OIL	TOTT FICHIBLE B
nar	_	Check this box If the organization discontinued its operations or dispos		than OEO/ of the net on	
Ver	2	,	seu oi more	1 1	Seis
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	9
ళ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
iles	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
₹	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<u> </u>
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ű	9	Program service revenue (Part VIII, line 2g)		438796.	465378.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4271.	4187.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	492.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443067.	470057.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
(n	١	Salaries, other compensation, employee benefits (Part IX column (AX lines 5-10)	ı	187711.	194420.
Expenses	162	Defendant of the state of the s	<b>i</b>	0.	0.
per	.uu	Total fundraising expenses (Part IX, column (D), line 25)	0.	· •	
Ä	17	Other expenses (Part IX, column (A), lines 11a-110; 11f-24n R 2 6 2011	<del>                                     </del>	345299.	335189.
	1,0	Total expenses Add lines 13-17 (must equal Part IX, column (A), line-25)		533010.	
			`} ├─		<u>529609.</u>
_ <u> </u>	19	Revenue less expenses Subtract line 18 from line 12 OGDEN UT	<del>]</del>	<89943.	
Net Assets or Fund Balances		T. I (D V.)	Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	<u> </u>	443680.	<u>371519.</u>
et/	21	Total liabilities (Part X, line 26)	<u> </u>	28606.	15997.
		Net assets or fund balances Subtract line 21 from line 20		415074.	<u>355522.</u>
	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·
		llties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	-
		Signature at affine	_		
Sig	n	Signature of officer	>	Date >	1741
He	e	Al Shepard, President (Way year)	<i>w</i> —		0.1/11
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Kirk M. Allen, CPA Jullu	·	3/19/19 self-employe	d
Pre	parer	Firm's name Filler and Associates, P.A.		Firm's EIN	
Use	Only	Firm's address ▶ 70 Center Street, PO Box 4177			
		Portland, ME 04101-0377		Phone no. 2	07-772-0153
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2010)
					(-5.0)

# International Brotherhood of Electrical 01-0095705 Page 2 Workers Local 567 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission Local Union promotes the material and intellectual welfare of its members in the electrical construction industry... Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code \_\_\_\_\_\_ ) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ The objective of the Local Union is to promote the material and intellectual welfare of its members. The Local's current membership is approximately 412 workers. ) (Expenses \$ \_\_\_\_\_including grants of \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ (Code

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Form 990 (2010) Workers Local 567

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	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 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		:	\ <b>.</b> ,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	· 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		<sub>v</sub>
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10	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, VIII, IX, or X	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	ĺ		
	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	١.		
4-	and program service activities outside the United States? 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 assistance to any organization	l		٠,,
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4-		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		X
.5	1c and 8a? If "Yes," complete Schedule G, Part II	10		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>18</u>		X
	complete Schedule G, Part III	19		_x_
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			<del></del>
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			gan /	2010)

3

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 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 X Schedule K. If "No", go to line 25 24a 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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 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 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 35 a 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 Yes X No 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 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 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

The Enter the number reported in Box 3 of Form 1096 Enter 0, if not applicable    Enter the number of Forms W 25 included in line 1a Enter 0 if not applicable   Enter the number of Forms W 25 included in line 1a Enter 0 if not applicable   Debt the organization comply with backup withholding rules for reportable payments to vendors and reportable payming (gunzbling) with mornings to prace winners?   Debt the organization organization in the property of the property of the property of the property of the organization with very accorded by this return   Debt that least one is reported on line 2a, did the organization the all required federal employment tax returns? Note, if the sum of fines 1 and all as greater than 350, you may be required to 6-rice, (see instructions)   Debt that least one is reported on line 2a, did the organization of \$1,000 or more during the year?   All ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or the property of 10 or the year? If the form the year or the property of 10 or the year? If the form property of 10 or the year? If the form the year or the property of 10 or the year? If the year is a fine a form \$100 or the year or the year or the property or the year or the year or the year of the organization and property seems or the year or the property or the year or they	rai	Check if Schedule O contains a response to any question in this Part V				
be Enter the number of Forms W2G included in line 1 a Enter of virt applicable   Delib the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  22 Enter the number of employees reported on Form W3, Trainsmittal of Wage and Tax Statements, field for the called any ear ending with or with the year covered by this return.    b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?    Note. If the sum of fines 1 and 2a is greater than 250, you may be required to e-five. (see instructions)    3a Did the organization have unrelated businesse gross incore of \$1,000 or more during the year?    4a Any time during the calendar year, did the organization file all required to during the year?    4a Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or financial account in a foring requirements for Form TD Fig. 22 1, Report of Foreign Bank and Financial Accounts    5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?    5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?    5b Was the organization party to a prohibited tax shelter transaction at any time during the tax year?    5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?    5c Was the organization shelt and organization file from 886F1?    5c Was the organization shelt and organization file from 886F1?    5c Was the organization shelt are deductible?    5c Was the organization shelt are deductible?    5c Was the organization shelt are deductible?    5c Was the organization shelt are many funds, directly or indirectly, or payengent pay			6.44		Yes	No
to differ organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of einployees reported on Form W3, Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return.  3 It all east one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3 It was, 'has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  3 If 'Yas,' has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O  3 If Yas, 'has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O  3 If Yas, 'has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O  3 If Yas, 'the the name of the foreign country   No, 'provide an explanation in Schedule O  3 If Yas, 'there the name of the foreign country   No, 'provide an explanation in Schedule O  4 If Yas, 'there the name of the foreign country   No, 'provide an explanation in Schedule O  5 If Yas, 'there the name of the foreign country   No, 'provide an explanation in Schedule O  5 If Yas, 'there the name of the foreign country   No, 'provide an explanation in the schedule of the Schedule O  5 If Yas, 'there is no schedule or organization that it was or is a party to a prohibete tax whether transaction?  5 If Yas, 'there is a party to a prohibete tax schedule tax	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10			
gambling) winnings to prize winners?  2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	j		
2a Cinfer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fided for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross incende 613, 1000 or more dumpt the year?  3a X  b if "Yes," has if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  b if Yes, "has if filed a Form 990 T for the year? If "No," provide an explanation in Schedule O  b if "Yes," and the dark of explanation that any time and the foregroup country ►  See instructions for filing requirements for Form TD F 902 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibated at was or is a party to a prohibated at whether transaction?  5b Was the organization have end tax deductible?  5c If "Yes," to line 5a or 5b, did the organization file Form 8856 17  6c Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization in cave a payment in excess of \$75 made party is a conflictation and early file goods and services provided?  7 Type of the organization and payment in excess of \$75 made party is a conflictation and party for goods and services provided?  7 Type of the organization in eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Definition of the organization in eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  8 Description, or a donor advised fund maintaining donor advised funds and sections 989(8)) apayment organization file a Form 1088 or growing contraction	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
field for the calendar year anding with or whin the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  A old the organization have unrelated business gross income of \$1,000 or more during the year?  A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  B If Yes, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  B If Yes, and the state of the sta		(gambling) winnings to prize winners?		1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a Form 990 T for this year? If *No," provide an explanation in Schedule O  3b If Yes, "has it filed a Form 990 T for this year? If *No," provide an explanation in Schedule O  3b If Yes, "has it filed a Form 990 T for this year? If *No," provide an explanation in Schedule O  3c If Yes, "the If Yes," the If Yes, "the If Yes," in the If Yes, "the If Yes," the If Yes, "the If Yes, "the If Yes," the If Yes, "the If Yes," the If Yes, "the If Y	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
b if "Yes," has it fleed a Form 990-T for this year? If "No.", provide an explanation in Schedule O A At any time during the calendar year, did the organization have an inferest 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)?  4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)			ĺ
4a A 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)?  5b In 1'Yes, "enter the name of the foreign country    5c instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 6a or 5b, did the organization that or it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c If If "Yes," indicate the number of Forms 8282 filed during the year  7d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?  9d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file any file and the supporting organization, or a donor advised funds and section 598(a)(3)	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country   Such as a bank account, securities account, or other financial accountl?  b   fi "Yes," either the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See D bd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
b if "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction?  5b Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  5c C  5d 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?  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor?  7 Tay If "Yes," did the organization on the form 8896 as fall to the organization selected and the organization receive a payment in excess of \$75 made partly as a contribution of rangible personal property for which it was required to file Form 8282?  9 If "Yes," did the organization received a contribution of qualified inflectively on a presonal benefit contract?  7 If the organization received a contribution of qualified inflectively, on a personal benefit contract?  7 If the organization received a contribution of qualified inflectively, on a personal benefit contract?  7 If the organization received a contribution of qualified inflectively property, did the organization file or m8899 as required?  7 If the organization received a contribution of qualified inflectively property, did the organization file or m8899 as required?  8 Spensoring organizations antializing de	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	i		Ì
See matructions for filing requirements for Form TD F9022 1, Report of Foreign Bank and Financial Accounts  5 a Was the organization a party to a prohibited tax shelter transaction?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 c 1 "Yes," to line 5 a or 5b, did the organization file Form 8886-17?  5 a Does the organization and available file Form 8886-17?  5 a Does the organization are caused in the file of the organization shelt are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 b organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 b If "Yes," did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 b If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 b If "Yes," indicate the organization nective the donor of the value of the goods or services provided?  11 b If "Yes," indicate the number of Forms 8282 filed during the year  12 b If "Yes," indicate the number of Forms 8282 filed during the year  13 b If "Yes," indicate the number of Forms 8282 filed during the year  14 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  15 Sponsoring organization maintaining donor advised funds and section 59(8)(3) supporting organization file a Form 1098-C?  15 Sponsoring organization maintaining donor advised funds and section 59(8)(3) supporting organization file a Form 1098-C?  15 Sponsoring organization maintaining donor advised funds and section 59(8)(3) supporting organization file a Form 1098-C?  16 b If the organization make any taxable distr		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9		,			
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year list he organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand  13b  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10	Section 501(c)(7) organizations. Enter.				
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·				
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14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	_					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130			7.
					-	X
		190, 190, initial an explanation in Schedul	<del></del>		gan /	20101

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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 to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>9</u>	1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
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	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		ŀ	
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Does the organization have members or stockholders?			6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?	mbers	of the	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken		the year		<u> </u>	
_	by the following		,			
а	The governing body?			8a	x	
	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 real	ched a	at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0,,00		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	Code )		1	
		,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates.			
	and branches to ensure their operations are consistent with those of the organization?		,,	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing th	e form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.0		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		x
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aive	e rise			
	to conflicts?	3		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes."	describe			
	in Schedule O how this is done	,		12c		
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ın	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•			
а	The organization's CEO, Executive Director, or top management official			_15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	nth a			
	taxable entity during the year?			16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate it	s participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organized					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ME					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(	(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.	•				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest policy,	and fina	ancial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books ar	d rec	ords of the organiz	ation.	•	
	Richard Deering - 207-786-9770					
	238 Goddard Rd., Lewiston, ME 04240					

## International Brotherhood of Electrical

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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 to any question in this Part VII

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,		Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule	rustee or director	Institutional trustee			Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
	O)	å	trsti	Officer	Key	를	Former			organizations
Al Shepard									_	
President	2.00	X		X				67378.	0.	0
Thomas Johnson										
Recording Secretary	2.00	X		X				1200.	0.	0
Donald Pratt										
Board Member	2.00	X	ļ	<u> </u>				0.	0.	0
James Valente										
Board Member	2.00	X	ļ					0.	0.	0
Kevin Foley								_		
Board Member	2.00	X						0.	0.	0
Terry Colpitts									_	
Treasurer	2.00	X		X	_	<u> </u>		1200.	0.	0
James Hustus						;		_		
Board Member	2.00	X.						0.	0.	0
Richard Deering										
Business manager	2.00	X		X	_	_		70081.	0.	0
Ron Lachance									_	_
Financial Secretary	2.00	X		X	_	_		1800.	0.	0
Leo N Gaudet			ļ						_	_
Board Member	2.00	X						0.	0.	0
										-
					-					
<del></del>										
			<del>                                     </del>							
			-				-			

	the organization NONE		•
_	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited \$100,000 in compensation from the organization	d to those listed above) who received more than	

Part VIII Statement of Revenue (D) Revenue excluded from (B) (C) (A) Related or Unrelated Total revenue exempt function tax under sections 512, business revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue 900099 465378. 465378. 465378. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4187. 4187. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ı) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue contributions reported on line 1c). See Part IV, line 18 Other b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous 900099 492. 492. b d All other revenue 492. e Total. Add lines 11a-11d Total revenue See instructions. 470057. 465870. 0. 4187. 032009 12-21-10 Form 990 (2010)

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# Form 990 (2010) Workers Local 567 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp			, , , , , , , , , , , , , , , , , , , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	. (C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		<del></del>		
	organizations in the U.S. See Part IV, line 21				
_2	Grants and other assistance to individuals in	- '			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				<u> </u>
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			***	
	trustees, and key employees	136259.			
6	Compensation not included above, to disqualified	2002051			
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1397.		1	
8	Pension plan contributions (include section 401(k)				-
3	and section 403(b) employer contributions)	24689.			
9	Other employee benefits	21660.			
10	Payroll taxes	10415.	<del></del>		
	· · · · · · · · · · · · · · · · · · ·	10412.		<u> </u>	
11	Fees for services (non-employees)				
a	Management				
b	Legal	11000			
C	Accounting	11880.	****		
d	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17		<del></del>		
f	Investment management fees				
g	Other	15.40			
12	Advertising and promotion	4540.	<del></del> -		
13	Office expenses	1582.			
14	Information technology	4370.			
15	Royalties				
16	Occupancy	16468.			
17	Travel	13448.			<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2570.			
20	Interest	736.			
21	Payments to affiliates	108905.			
22	Depreciation, depletion, and amortization	13477.			
23	Insurance	3928.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O.)				
а	Market Recovery Contrac	86390.			
b	Share Payroll Costs	25635.			
С	Dues To Affiliated Orga	7439.			
d	Telephone	6686.			
е	Executive Board Fees	6600.			
f	All other expenses	20535.			
25	Total functional expenses. Add lines 1 through 24f	529609.			
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
	· · · · · · · · · · · · · · · · · · ·			<del></del>	5 000 (000)

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	33812.	1	33901.
	2	Savings and temporary cash investments	387719.	2	311422.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
-	5	Receivables from current and former officers, directors, trustees, key	Į.		
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary	İ		
<b>/</b> 0		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D 10a 8071			
	b	Less accumulated depreciation 10b 5452	21. 22149.	10c	26196
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	443680.	16	371519
	17	Accounts payable and accrued expenses	6215.	17	4338
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	<del></del>
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21_	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab.		highest compensated employees, and disqualified persons. Complete Part I	II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	22391.	23	11659.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	22626	25	4500
	_26	Total liabilities. Add lines 17 through 25	28606.	26	15997.
		Organizations that follow SFAS 117, check here   X and complete	e (		
Ses		lines 27 through 29, and lines 33 and 34.	44.505.4		25552
and	27	Unrestricted net assets	415074.	27	355522.
Bal	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117, check here   and			
ğ		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	14 505 :	32	
_	33	Total net assets or fund balances	415074.	33	355522.
	34	Total liabilities and net assets/fund balances	443680.	34	371519 .

International Brotherhood of Electrical Form 990 (2010) 01-0095705 Workers Local 567 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 470057. 1 529609 2 Total expenses (must equal Part IX, column (A), line 25) 2 <59552.> 3 Revenue less expenses. Subtract line 2 from line 1 3 415074. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Other changes in net assets or fund balances (explain in Schedule O) 5 355522 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No 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 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. \_\_\_ Separate basis Consolidated basis Both consolidated and separate basis 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

За

X

Act and OMB Circular A-133?

## SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to 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," to 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.

	ne organization ans Section 501(c)(4), (5			· · · · · ·	xy Tax), or F	orm 990-EZ	Z, Part V, line 35a	(Proxy 1	ax), then	
	ne of organization	<del>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </del>	cional	Brotherho	ood of	Electr	rical	Empl	oyer identification	
Pa	art I-A Compl	ete if the orga	anization	is exempt un	der sectio	on 501(c)	or is a section	527 o	rganization.	703
1 2	Provide a descripti Political expenditur Volunteer hours	on of the organiza								100.
Pa	art I-B Compl	ete if the orga	anization	is exempt un	der section	on 501(c)(	3).			
1	Enter the amount of	of any excise tax ii	ncurred by t	he organization ur	nder section	4955		▶ \$		
2	Enter the amount of	of any excise tax ii	ncurred by c	organization manag	gers under s	ection 4955		▶ \$		
3	If the organization i	incurred a section	4955 tax, d	lid it file Form 4720	0 for this yea	ιτ?			Yes	☐ No
4a	Was a correction m	nade?							Yes	☐ No
_	If "Yes," describe ii									
Pa	art I-C Compl	ete if the orga	anization	is exempt un	der section	on 501(c),	except sectio	n 501(	c)(3).	
1	Enter the amount of	directly expended	by the filing	organization for se	ection 527 e	xempt functi	on activities	▶\$	===	0.
2	Enter the amount of	of the filing organiz	zation's fund	is contributed to c	ther organiz	ations for se	ction 527			
	exempt function ac	ctivities						▶ \$		0.
3	Total exempt funct	ion expenditures	Add lines 1	and 2 Enter here	and on Forn	1120-POL,				
	line 17b							▶ \$		
4	Did the filing organ								Yes	☐ No
5	Enter the names, a	ddresses and em	ployer identi	ification number (E	EIN) of all sec	ction 527 pol	itical organizations	to whic	h the filing organ	zation
	made payments F									
	contributions received							separa	te segregated fur	nd or a
	political action com	imittee (PAC) if a	dditional spa	ace is needed, pro	ovide informa	tion in Part I	<u>V</u>			
	(a) Name	е	(b	) Address	(0	e) EIN	(d) Amount pai filing organizat funds. If none, e	ion's	(e) Amount or contributions re promptly and delivered to a political orga If none, en	ceived and directly separate nization
	<u></u>									
	·									
					_					
						-				
				<del> </del>						

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

International Brotherhood of Electrical Schedule C (Form 990 or 990-EZ) 2010 Workers Local 567 01-0095705 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group if the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? \_ Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2007 (b) 2008 (c) 2009(d) 2010 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))

Schedule C (Form 990 or 990-EZ) 2010

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

International Brotherhood of Electrical 01-0095705 Page 3 Schedule C (Form 990 or 990-EZ) 2010 Workers Local 567 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) Yes No **Amount** 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? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV 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), section 501(c)(5), or section 501(c)(6). No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year Carryover from last year 2h Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1। Also, complete this part Part I-A, Line 1:

for any additional information

Endorsed canidates for the November 2010 election.

## SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

International Brotherhood of Electrical Workers Local 567

Employer identification number 01-0095705

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate 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" to 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, 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 conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

# International Brotherhood of Electrical

		<u> Local 567</u>								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Other	r Simila	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sig	ınıfıcant ı	use of its	collection	rtems
	(check all that apply)			·	-	_				
а	Public exhibition	· ·	ا 🗆 ا	Loan or excl	hange progra	ams				
b	Scholarly research			Other	3-1-3-	-				
c	Preservation for future generations								•	
4	Provide a description of the organization's co	ollections and explain	in how th	ev further th	he organizati	on's exem	nt nurne	se in Pari	XIV	
5	During the year, did the organization solicit o	-						.50 m <u>i u</u> n		-
9	to be sold to raise funds rather than to be ma					Ci Siiiiiai i	233013		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Vec" to E	orm 990	Part IV I		
	reported an amount on Form 990, Pai	•	CtC ii tiio	Organizatio	iii aiisweieu	163 (01	ÇIIII 550	, 1 6/11 19, 1		
	Is the organization an agent, trustee, custodi		diany for	contribution	or other ac	cote not u	neluded			
Id	on Form 990, Part X?	an or other intermed	dialy for	CONTINUENT	is or ourier as	3612 1101 11	iciadea		Yes	☐ No
		and complete the fe		ماطم				L	_ res	NO
b	If "Yes," explain the arrangement in Part XIV	and complete the it	ollowing t	able.					A	
	S b. d								Amount	
С.	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								1	<del></del>
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217						Yes	└─ No
	If "Yes," explain the arrangement in Part XIV	• • • • • • • • • • • • • • • • • • • •			000 5 1					
Pai	t V Endowment Funds. Complete		1							
		(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses		ļ							
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held :	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administe	red for the	e organız	ation		
	by								\	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment t	funds						
Pai	rt VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				50248.		243	11.	2	5937.
	Other				30469.		302			259.
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colun						2	6196

Schedule D (Form 990) 2010

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

<u>(9)</u> (10)

International Brotherhood of Electrical 01-0095705 Page 4 Schedule D (Form 990) 2010 Workers Local 567 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 Investment expenses 6 6 7 Prior period adjustments Other (Describe in Part XIV) 8 R 9 Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a Donated services and use of facilities 2b h Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 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 Other (Describe in Part XIV) 4b Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

International Brotherhood of Electrical Workers Local 567

Employer identification number 01-0095705

workers bocar 367 01-0093703
Form 990, Part VI, Section A, line 6: The Organization is a trade union
with approximately 440 members.
Form 990, Part VI, Section A, line 7a: The Organization is controlled by
an Executive Board elected by the members.
Form 990, Part VI, Section B, line 11: Form 990 was provided to a
regularly scheduled Board of Directors meeting prior to filing.
Form 990, Part VI, Section C, Line 18: The Organization maintains a public
inspection file at the main office in Lewiston Maine that is available upon
request.
Form 990, Part VI, Section C, Line 19: The Organization maintains a public
inspection file with all applicable documents at the main office in
Lewiston Maine that is available upon request.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▼ See separate instructions. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Brotherhood of Electrical

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 01-0095705

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Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part I

567

International Workers Local

Name of the organization

Direct controlling entity End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part

(a)	(q)	(c)	(p)	(e)	(£)	6)	
Name, address, and EiN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) billed y?
		•		501(c)(3))	-	Yes	ş
Local Union 567 Building Corporation -	Owns and manages real						
01-0443300, 238 Goddard Road, Lewiston, ME	estate - the main office						
j	for the Organization		501(c)(5)		-		×
					-		
				•			
				•			

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

International Brotherhood of Electrical

International Brotnernoc Schedule R (Form 990) 2010 Workers Local 567 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

01-0095705

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Yes Share of end-of-year assets 9 Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income  $\boldsymbol{\varepsilon}$ ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>6</u> (d)
| Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> 22 Primary activity Direct controlling entity ூ (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

International Brotherhood of Electrical Schedule R (Form 990) 2010 Workers Local 567

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Page 3

01-0095705

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			~ *	1a		×
b Gift, grant, or capital contribution to other organization(s)				<b>1</b>		×
c Gift, grant, or capital contribution from other organization(s)				5		×
d Loans or loan guarantees to or for other organization(s)				₽		×
e Loans or loan guarantees by other organization(s)				9		×
f Sale of assets to other organization(s)				<b>=</b>		×
d Purchase of assets from other organization(s)						>
			-	2 ÷	-	<b>(</b>  ×
			•	<b>=</b>		: ×
					<del> </del>	4
j Lease of facilities, equipment, or other assets from other organization(s)				;=		
k Performance of services or membership or fundraising solicitations for other organization(s)	ızatıon(s)			¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)	ıızatıon(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
n Sharing of paid employees				£		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				ç		×
		٠		2		×
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>				5 ;		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(3)						
(4)						
(5)						1
(9)						
032163 12-21-10	23		Schedule R (Form 990) 2010	R (Form	990) 2	9 0

International Brotherhood of Electrical Workers Local 567

Page 4

01+0095705

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

וומן אים זוכון מים וימול מים וומים אים וומים אים של מים וומים אים מים וומים אים וומים אים וומים אים וומים אים מים מים וומים אים מים מים מים מים מים מים מים מים מים מ							
(a)	(q)	(၁)	9			(b)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	ഗ	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign country)	organizations?	year assets		of Schedule K-1	
					2		2
						-	
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Schedule R (Form 990) 2010