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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.

Open to Public Inspection

OMB No 1545-0047

<u> </u>	or the 2	010 calendar year, or tax year beginning and	ending		
B (Check if applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRIC	AL	D Employer identified	cation number
	Address change	WORKERS L.U. 654		1	
<u>_</u>	Name change	Doing Business As			293543
	Initial return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address) 3729 CHICHESTER AVE.	Room/suite		494–2820
	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,271,234.
	Applica- tion	BOOTHWYN, PA 19061-3135		H(a) Is this a group re	turn
	pending	F Name and address of principal officer: JAMES D RUSSELL		for affiliates?	Yes X No
_		3729 CHICHESTER AVE, BOOTHWYN, PA 190	61	H(b) Are all affiliates incl	luded? Yes No
		pt status501(c)(3) _X 501(c) (5) ◀ (Insert no) 4947(a)(1)	or 527	-1	list. (see instructions)
		► WWW.IBEW.ORG	0.50	H(c) Group exemption	
			OR L Year	r of formation 1939 M	State of legal domicile PA
1		ummary	DOMESTI	- DADCATNITNC	
ě	1 Br	efly describe the organization's mission or most significant activities: ${\hbox{\hbox{\fonto}}\over\hbox{\hbox{\fonto}}}$	ECTIVI	E BARGAINING	
Activities & Governance	2 Ch	eck this box if the organization discontinued its operations or dispo	seed of mor	e than 25% of its not as	eate
;	1	mber of voting members of the governing body (Part VI, line 1a)	sea or mor	3	547
္က မွ	1	mber of independent voting members of the governing body (Part VI, line 1b)		4	0
. 9 5	1	tal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
įįį	1	tal number of volunteers (estimate if necessary)		6	0
. j	1	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u>`</u>	1	t unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
. •	8 Co	ntributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		1,359,553.	1,501,862.
چ ر چ	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		<128,459.	> <56,354.>
<u>در</u> ۳	11 Ot	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,194.	145,713.
<u> </u>	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,242,288.	1,591,221.
		ants and similar amounts páid (Part IX,-cōlumn-(A), lines-1-3)-		0.	0.
		nefits paid to or for members (Parl IX: column (A), line 4)		482,874.	522,026.
es	1	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		623,066.	622,757.
ē		ofessional fundraising fees (Rant IX)မှာစုပြုမှာကျ(A) မြော်များမှ ၂၀	<u> </u>	0.	0.
Expenses		tal fundraising expenses (Part X, column (Ď), line 25)	0.	406 025	COE 720
		2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	406,925.	695,728.
	1	tal expenses. Add lines 13-17 (must equal Part X, column (A), line 25)	-	1,512,865. <270,577.	1,840,511.
-Se	19 Re	venue less expenses. Subtract line 18 from line 12	D.		
Net Assets or Fund Balances	20 To	tal accets (Part V. line 16)	В	eginning of Current Year 1,873,877.	End of Year 1,624,617.
Asse	20 To	tal assets (Part X, line 16) tal liabilities (Part X, line 26)		0.	30.
E Set	22 Ne	t assets or fund balances. Subtract line 21 from line 20		1,873,877.	1,624,587.
P	art II	Signature Block	l	2707070710	2/02//00/1
	1	s of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is
		nd complete. Deelaration of preparer (etijer than officer) is based on all information of w			,
	4/2011				
Sig	n 🕨	Signature of officer		Date	7
Her	e	JOMMES D RUSSELL, PRES			
		Type or print name and title			
		rint/Type preparer's name Preparer's signature			PTIN
Paid	—	SOL SARDINSKY Lay Swel	-sz	4/11/11 self-employer	d
	<u> </u>	m's name SOL SARDINSKY, CPA		Firm's EIN	
Use	Only Fi	rm's address 1760 MARKET ST			15 562 6222 (
		PHILA., PA 19103		Phone no 2	15-563-6222
<u>May</u>	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

3	Paga	2

		e O contains a response to an			
1	Briefly describe the orga	anization's mission: NON	1E		
			· · · · · · · · · · · · · · · · · · ·		
				- / "·	
2	Did the organization un-	dertake any significant prograi	m services during the year which we	ere not listed on	
	the prior Form 990 or 99	90-EZ?			Yes X No
	If "Yes," describe these	e new services on Schedule O.			
3	=		ficant changes in how it conducts, a	any program services?	Yes X No
		changes on Schedule O.			
4			of the organization's three largest p		
			tion 4947(a)(1) trusts are required to e, if any, for each program service re		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	- 1
70		PERFORMED SERVI		ONAL ORGANIZATIO	N CHARTER
			GAINING, HIRING, B		
	ACTIVITIES		•		
					-
			_		
		 			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(Oode	_ / (Expenses #	moleculary grants or \$\psi) (Hevelide \$\psi	<i>,</i>
			_		
			•••		
4c	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$	
	(0000.		melecung glante er \$		
		1	-		
		.	· · · · · · · · · · · · · · · · · · ·		
4-1	Other pressure senden-				
4d	Other program services		of \$\\/Payor	nue \$	
	Other program services (Expenses \$ Total program service	including grants	of \$) (Rever	nue \$)	

Form 990 (2010) 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)?	_		v
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Λ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
_	public office? If "Yes," complete Schedule C, Part I	3		Λ
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		Х
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	-		
3	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?	-		
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,		i i	
	Part VI	11a	x	
ь	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			w
	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			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
4.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash\vdash\vdash$	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Λ
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	operate one of more nospitals most attach addited infancial statements (see nistroctions)		990 (2010\

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Pa	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			۱.,
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			_U
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l .
•	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	240		Х
	Schedule K. If "No", go to line 25	24a 24b		A
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	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		
	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		
26	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	26		Х
27	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	27		X
28_	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):			,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	ļ	
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	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	33		Х
34	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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			U
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	l	l

Form **990** (2010)

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

Fal	Check if Schedule O contains a response to any question in this Part V					
	Check if Confedure C contains a response to any question in this 7 art v				Vaa	
1.	Fator the number reported in Pay 2 of Form 1006. Enter 0, if not applicable	1 _a	0		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
C	(gambling) winnings to prize winners?	eportac	ne garning	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		-10		
20	filed for the calendar year ending with or within the year covered by this return	2a	0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin			2b	i	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	13)		3a	į į	x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty over a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country:	4000011	,,,			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	ts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he orgai	nization solicit			
	any contributions that were not tax deductible?	•		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	2	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		· ·	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		-	_		ł
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	e during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					ł
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1.0				
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	i	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		. 1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13ь				1
С	Enter the amount of reserves on hand	13c				
14a	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 Schedul	le O		14b		
				Form	990 ((2010)

Form 990 (2010)

WORKERS L.U. 654

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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	547				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct su	pervision				
	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		d?	4		<u>X</u>	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X	
6	Does the organization have members or stockholders?			6		<u>X</u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of t	ne	_		v	
	governing body?			7a		<u>X</u>	
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring the	year				
_	by the following:			0-	Х		
	The governing body?		ļ	8a	X		
	Each committee with authority to act on behalf of the governing body?			8b	Λ_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acned at the	•	9		Х	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2	<u>-</u>	9			
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	tevenue Co	de.)		Yes	No	
100	Does the organization have local chapters, branches, or affiliates?		1	10a	162	X	
	If "Yes," does the organization have written policies and procedures governing the activities of such	chanters s	offiliatee	IVa			
Ü	and branches to ensure their operations are consistent with those of the organization?	chapters, c	umates,	10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aive rise	,				
_	to conflicts?	J. 1		12b			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes." desc	пbe				
	In Schedule O how this is done	,		12c			
13	Does the organization have a written whistleblower policy?			13		X	
14	Does the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and approve	al by indep	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official			15a		X	
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 arrange	ment with a					
	taxable entity during the year?			16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluate the organization of the organization of the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organi	aluate its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anization's					
	exempt status with respect to such arrangements?			16b	لـــــا		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE	· · · · · · ·					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (501(c)(3)	only) available	or			
	public inspection. Indicate how you make these available. Check all that apply.						
40	Own website Another's website X Upon request		A	- اعداس			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	contlict of in	terest policy, an	o tina	ncial		
00	statements available to the public.		of the over-				
20	State the name, physical address, and telephone number of the person who possesses the books a IBEW LOCAL UNION $654-610-494-2820$	and records	or trie organizat	ion: 💌			
	3729 CHICHESTER AVE., BOOTHWYN, PA 19061					-	
	O. D. CHICHESIER HILL DOCUMENT IN 17001		<u> </u>	Form	990	2010)	

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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,,	Position (check all that apply)					Reportable	Reportable	Estimated amount of	
	hours per week	_	necr	all	tnat	app I	iy)	compensation from	compensation from related	other	
	(describe	director				L		the	organizations	compensation	
	hours for	8	8 <u>8</u>			rsated	Former	organization	(W-2/1099-MISC)	from the	
	related	fust	E E		8	comper		(W-2/1099-MISC)		organization	
	organizations in Schedule		Institutional trustee	層	Кеу етріоуее	hesto	喜			and related organizations	
	O)	르	唇	Officer	ş	동물	逐				
JAMES E THOMPSON, JR										_	
REC SEC'TY	1.00	<u> </u>		Х		_	L.	800.	0.	0	
JAMES D RUSSELL	40.00		-	, ,				40 147		F 000	
PRES/ASST. BUS. MGR	40.00	-	ļ	Х				49,147.	0.	5,883	
THOMAS F. EDGECUMBE	1 00			,				650.	0.	0	
FIN. SECT'Y.	1.00	-		Х		-		650.	0.	0	
EDWARD J. KIKUT TREASURER	1.00	1		Х				300.	0.	0	
WILLIAM F. ADAMS	1.00			1		├		300.			
VP/ASST. BUS. MGR	40.00			x				49,197.	0.	3,378	
									_	-	
					1						
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		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ				
			ļ	<u> </u>	_	_	<u> </u>				
		<u>L.</u>		!	Ц_		<u> </u>			Form 990 (2010	

Form **990** (2010)

WORKERS L.U. 654

23-6293543	Page 8
continued)	

Section A. Officers, Directors, Iri		iipic	yee			ugu	COL					
(A)	(B)							(D)	(E)		(F)	
Name and title	Average hours per	- I						Reportable compensation	Reportable compensation		Estima amour	
	week	È	I	, <u></u> ,		777	· <i>,,</i>	from	from related		othe	
	(describe	director						the	organizations		compen	sation
	hours for	eord	28			sated		organization	(W-2/1099-MISC)	from	
	related organizations	truste	al trustee		85	mber 1		(W·2/1099-MISC)		1	organiz	
	in Schedule	Individual trustee or	Institutional	 	Key employee	Highest compensated employee	Former			1	organiza	
	O)	lpu	Inst	Office	Key	Hg.	ᅙ					_
		<u> </u>								_		
							ļ					
	 			-		┢				+		_
			1	_	\vdash					+		
										-		
			-				<u> </u>			+		
					\vdash	\vdash	├-			+		
								İ				
										+		
1b Sub-total	•		<u> </u>	-		▶		100,094.		0.	9,	261.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)						<u> </u>		100,094.		0.	9,	261.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 in reportable			1
compensation from the organization											Ye	s No
3 Did the organization list any former officer.	director or tru	etac	. ko	v en	مامد	VAA	or h	nichest compensated er	mplovee on		1.0	-
line 1a? If "Yes," complete Schedule J for s			, KC	y Cii	ipio	y 00,	01 1	iighest compensated of	iipioyee oii		3	X
4 For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d oth	her compensation from	the organization			
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," con	nplete Schedui	<u>e J 1</u>	for s	uch	per	son		 			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensat	ion from	
the organization. NONE (A)								(B)			(C)	
Name and business	address							Description of s	services	Coi	mpensa	ion
	• .											
		-	_	_			\dashv	:				
							_					
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se lı	stec	d above) who received n	nore than			
\$100,000 in compensation from the organi						0						
											orm 99 (1/2010

Pa	rt VII	Statement of Rever	nue					
			-1 -1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a		1			
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	· _ · _	-			
ts, am	С	•	1c					
<u>a</u> igi	d	•	1d					
Sim		,						
ig E	f	All other contributions, gifts, gran	l I					
운항		similar amounts not included abo			-			
52	_	Noncash contributions included in lines	s 1a-1f \$		•			
- 1	n	Total. Add lines 1a-1f		D				
	٥.	DUES AND ASSESM	MENT'S	Business Code 230000	1,501,862.	1 501 862		
Program Service Revenue	2 a			230000	1,301,002.	1,301,002.		
	ь							
	c d							
ğœ								
~	f	All other program service reve	enile					
		Total. Add lines 2a-2f	J.1.2.5		1,501,862.			
\neg	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	53,238.			53,238.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		> _				
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						
	С	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	1570421.					
	b	Less: cost or other basis						
		and sales expenses	1680013.					
		Gain or (loss)	<109592.		1100 500			-100 500 >
		Net gain or (loss)		<u> </u>	<109,592.	2		<109,592.>
Other Revenue	8 a	· -	of					
8		contributions reported on line	•					
Pe	1.	Part IV, line 18 Less: direct expenses	a b		1			
ಕ		Net income or (loss) from fund			†			
- 1		Gross income from gaming a				<u> </u>		
	<i>-</i> •	Part IV, line 19	a a					
- 1	ь	Less: direct expenses	b		1			
		Net income or (loss) from gan			1			
1		Gross sales of inventory, less					•••••	
		and allowances	а					
	b	Less: cost of goods sold	b		1			
- 1		Net income or (loss) from sale	es of inventory	•	1			
Ī		Miscellaneous Revenu		Business Code			•••••	
ļ	11 a	STATE GRANT (SOI		900099	115,000.	115,000.		
	Ь	DUMEDON THURSDAY		900099	30,713.	30,713.	-	
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	145,713.			
	12	Total revenue. See instructions			1,591,221.	1,647,575.	0	<56,354.
03200 12-21	9							Form 990 (2010)

Part IX Statement of Functional Expenses

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

	Section 501(c)(All other organizations must com		ations must complete all and required to complet)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPSILOSS	9	
	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,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	522,026.	522,026.		
5	Compensation of current officers, directors,	100 255		100 255	
	trustees, and key employees	109,355.		109,355.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	460 561		460,561.	
7	Other salaries and wages	460,561.		400,301.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	12,803.		12,803.	
9	Other employee benefits Payroll taxes	40,038.		40,038.	
10 11	Fees for services (non-employees):	40,030.		40,030.	
a	Management				
b	Legal	16,025.	_	16,025.	
c	Accounting	17,255.		17,255.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				•
12	Advertising and promotion				
13	Office expenses	43,322.		43,322.	
14	Information technology				
15	Royalties				
16	Occupancy	130,000.		130,000.	
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,313.		5,313.	
19	Conferences, conventions, and meetings	5,313.	··.	3,313.	
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	24,156.	· 	24,156.	
23	Insurance	19,704.		19,704.	
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 0)				
а	JOB RECOVERY PROGRAM	416,000.		416,000.	
b	ENTERTAINMENT FUND	45,486.		45,486.	
c	DUES AND SUBSCRIPTIONS	6,573.		6,573.	
d	PAYROLL SERVICE	5,249.		5,249.	
е	MEMBERS PAY ON LU BUSIN	3,342.		3,342.	
f	All other expenses	<36,697.		<36,697.>	
25	Total functional expenses Add lines 1 through 24f	1,840,511.	522,026.	1,318,485.	0.
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				
					· · · · · · · · · · · · · · · · · · ·

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
- 1	2	Savings and temporary cash investments	149,908.	2	98,622.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)		6	
Paser	7	Notes and loans receivable, net	<u> </u>	7	
Ž	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
Ì	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 308, 053.			0.4.000
	þ	Less: accumulated depreciation 10b 213,244.	6,016.		94,809. 1,314,570.
	11	Investments · publicly traded securities	735,584.	11	1,314,5/0
	12	Investments · other securities. See Part IV, line 11	980,872.	12	115,120
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	1 105	14	1 100
	15	Other assets. See Part IV, line 11	1,497.	15	1,496
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,873,877.	16	1,624,617
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	 -
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
LIGOIIINES		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	30
	25	Other liabilities Complete Part X of Schedule D	_	25	30
\dashv	26	Total liabilities. Add lines 17 through 25	0.	26	30
		Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.	,		
Net Assets or rund balances	07	· ·		27	
	27	Unrestricted net assets Temporarily restricted net assets		28	
3	28	' '		29	
	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here X and		25	
,	20	complete lines 30 through 34.	0.	30	0
	30	Capital stock or trust principal, or current funds	0.	31	
č	31	Paid-in or capital surplus, or land, building, or equipment fund	1,873,877.	32	1,624,587
	32	Retained earnings, endowment, accumulated income, or other funds	1,873,877.	33	1,624,587
	33	Total net assets or fund balances	1,873,877.	34	1,624,617
	34	Total liabilities and net assets/fund balances	1,013,011.	34	5 000 (004)

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3			0,5 9,2	11. 90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,87	3,8	<u>77.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6		1,62	4,5	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			res	140
2a			2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule.		2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on				
0-	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis	A. r. ed st			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?	Audit	3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	Ja		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		

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

OMB No 1545-0047

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS I. U. 654

Employer identification number 23-6293543

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
ــــــــــــــــــــــــــــــــــــــ	organization answered "Yes" to Form 990, Part IV, line		
	organisation and to to to to the same of t	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the accepts hold in depart advised fi	unde
•	are the organization's property, subject to the organization's	_	Yes No
•	Did the organization inform all grantees, donors, and donor a	_	
6	for charitable purposes and not for the benefit of the donor of	-	•
		or donor advisor, or for any other purpose com	Yes No
Pa	mpermissible private benefit? † II Conservation Easements. Complete if the organization.	ganization answered "Ves" to Form 990. Part I	
	Purpose(s) of conservation easements held by the organization	•	¥, III € 7.
1			polly important land area
	Preservation of land for public use (e.g., recreation or e	Preservation of a certified	
	Protection of natural habitat	Preservation of a certified	Historic structure
•	Preservation of open space	final annualist and another than to the form of a	
2	Complete lines 2a through 2d if the organization held a quality of the Assurance	ned 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
_	Total number of concentation accompate		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements	motions in alread in (a)	2c
C	Number of conservation easements on a certified historic str	• •	26
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	Yes No
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	_	-
7			
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(f)(4)	Yes No
•	· // // //	ion comente la ita ravanila and avanno atal	
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's illiancial statements that describes the t	organization's accounting for
Da	conservation easements. III Organizations Maintaining Collections o	f Art Historical Treasures or Othe	r Similar Assets
R CRI	Complete if the organization answered "Yes" to Form	•	Tommar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		or public service, provide, in Fart Art,
ь	If the organization elected, as permitted under SFAS 116 (AS		I halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance of public s	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		► \$ ► \$
2	If the organization received or held works of art, historical tre	pagurage or other similar assets for financial cou	
~	the following amounts required to be reported under SFAS 1	_	n, provide
9	Revenues included in Form 990, Part VIII, line 1	TO VICO 300) relating to these items.	> \$
a h	Assets included in Form 990, Part X		\$
b	Assets moluucu iii i oiini 330, Fait A		- Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

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Par	t III Organizations Maintaining C	collections of Art	, Historical T	reasures, c	r Othe	<u>r Simila</u>	<u>r Asse</u>	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other records,	, check any of th	e following tha	t are a sig	ınıfıcant u	se of its	collection	n Items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organization	on's exem	pt purpos	se in Parf	XIV.	
5	During the year, did the organization solicit of	r receive donations of	art, historical tre	asures, or othe	er sımılar :	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	e organization's	collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Complete	e if the organizat	ion answered '	'Yes" to F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermedia	ary for contribution	ons or other as	sets not I	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	owing table:						
		·						Amount	<u> </u>
С	Beginning balance					1c			
	Additions during the year					1d		-	
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990. Part X. line 2	1?					Yes	□ No
	If "Yes," explain the arrangement in Part XIV								
Par		f the organization ans	wered "Yes" to F	orm 990, Part	IV, line 10).			
ننبنا	1	(a) Current year	(b) Prior year	(c) Two year		d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	.,		1.1.1					•
ь	Contributions								
c	Net investment earnings, gains, and losses			-					***********
ď	Grants or scholarships						- '	******	*****
e	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								***************************************
	End of year balance		 		- 1				* ****
2	Provide the estimated percentage of the year	r end balance held as:	•						
- a	Board designated or quasi-endowment		%						
b	Permanent endowment	%	,,,,						
-		^ %							
3a	Are there endowment funds not in the posse	••	on that are held	and administe	red for th	e organiza	ation		
-	by:	oolon or the organizat	ion mar are more		, , , , , , , , , , , , , , , , , , , ,	o or garner		ſ	Yes No
	(i) unrelated organizations							3a(i)	111
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								 L
Pai	t VI Land, Buildings, and Equipm							-	
	Description of investment	(a) Cost or oth		st or other	(c) Ac	cumulated	d	(d) Bool	k value
	besomption of investment	basis (investme	1	s (other)		reciation	_	(4) 500.	
12	Land			· /					
b	<u> </u>			- I	••••••				
•	Leasehold improvements		1	12,299.		22,46	0.	8	9,839.
d				95,754.		90,78			9,839. 4,970.
	Other			, , , , , , ,		, .			-,
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 000 Part V	column (P) Iran	10(c)			•	9,	4,809.
rota	. Add lines Ta through Te. (Column (d) must e	iquai roini 990, raft X	, coluttiti (b), ilne	10(0).)			-		

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.	<u> </u>	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat est or end-of-year mark	
(1) Financial derivatives	2			
(2) Closely-held equity interests				
(3) Other				
(A) VARIOUS	115,120	. COST		
(B)				
(C)				·-·
(D)				
(E)				
(F)				
(G)	-			
(H)				
()	115 120			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	115,120			<u></u>
Part VIII Investments - Program Related. S	ee Form 990, Part X, line I	e 13.	(c) Method of valuat	
(a) Description of investment type	(b) Book value	Co	est or end-of-year mark	
(1)		-		
(2)				
(3)				
(4)				
(5)			<u></u>	
(6)		-		
<u>(7)</u>			·	
(8)				
(9) (10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description	· 		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			······································
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) DUE TO CEBA		30.		
(3)				
(4)				
(5)				
(6)				
(7)			4	
(8)			4	
(9)			1	
(10)			4	
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	e 25.)	tements that reports the organ	nization's liability for uncertain	tax positions under
2. FIN 48 (ASC 740) 032053 12-20-10	o are organization a midned sta	tomonia diacreporta die orga		
			Caba	dule D (Form 990) 2010

b Prior year adjustments
c Other losses
d Other (Describe in Part XIV.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 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
b Other (Describe in Part XIV.)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
5 1,840,511.

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.

RECONCILIATION OF REVENUE AND EXPENSES PER AUDITED FINANCIAL STATEMENTS

AND PER RETURN IN "OTHER REVENUE" AND "OTHER EXPENSES" RELATES TO THE
ENTERTAINMENT FUND WHICH STATEMENTS ARE NOT AUDITED

Schedule D (Form 990) 2010

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.

2010
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS L.U. 654

Employer identification number 23-6293543

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:
LABOR ORGANIZATION
LABOR ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY OFFICERS BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE OFFICERS WILL MAKE THE
INFORMATION AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047	2010 Open to Public	Inspection
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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS L.U. 654 Name of the organization

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

Part

Employer identification number 23-6293543

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
			-			
Part II	Identification of Related Tax-Exempt Organizations (Complete if 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.)	ons (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more re	ated tax-exempt

, , , ,						i	
(a)	(q)	(2)	(Q	(e)	€	(6)	ć
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)((c)(a);
of related organization		foreign country)	section	status (if section	entity	entity?	7
				501(c)(3))		Yes	No
IBEW HEALTH AND WELFARE FUND - 23-1613860				ы	OCAL UNION IBEW		
3729 CHICHESTER AVE				•	654 & NECA		
BOOTHWYN, PA 19061	HEALTH AND LIFE INSURANCE	PENNSYLVANIA	501(C)(9)	1	RUSTEES		×
IBEW PENSION FUND - 23-6538183							
3729 CHICHESTER AVE				_14_	COCAL UNION IBEW		
BOOTHWYN, PA 19061	PENSIONS	PENNSYLVANIA	001	9	654		×
IBEW 654 BUILDING ASSOCIATION - 54-2134341							
3729 CHICHESTER AVE	OWNS BUILDING USED BY			H-1	LOCAL UNION IBEW		
BOOTHWYN, PA 19061	UNION	PENNSYLVANIA	501(C)(2)	9	654		×
				_			
	 -						

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

Schedule R (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS L.U. 654

Schedule R (Form 990) 2010

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

23-6293543

General or Percentage managing ownership partner? Percentage ownership 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.) 6 Share of end-of-year assets Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) ϵ Share of total income 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> Direct controlling entity Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Û e Primary activity Direct controlling entity <u>e</u> ত্র (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2010

19

032162 12-21-10

Schedule R (Form 990) 2010 WORKERS L.U. 654

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

Page 3

23-6293543

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-				Yes	£
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	lated organizations listed	ın Parts II-IV?	"-	1	
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)				1p		×
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan quarantees to or for other organization(s)				1d		×
e Loans or loan quarantees by other organization(s)				1		×
	-					
f Sale of assets to other organization(s)				=		×
g Purchase of assets from other organization(s)				19		×
h Exchange of assets				÷		×
i Lease of facilities, equipment, or other assets to other organization(s)				ï	\dagger	×
i Lease of facilities equipment or other assets from other organization(s)				÷		×
Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			*		×
I Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				£		×
n Sharing of paid employees				4	十	×
				,	-	>
				٩	+	: ۵
p Reimbursement paid by other organization for expenses				٩	\dagger	×
a Other transfer of cash or property to other organization(s)				-		×
				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining			
	() be (a.)		allouit illygyed			
(1)						
S						
(3)						
(4)						
(5)						-
(9)						
032163 12-21-10	20		Schedule	Schedule R (Form 990) 2010	990) 2	010

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

23-6293543

Page 4

Schedule R (Form 990) 2010 WORKERS L.U. 654

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

(6)	3	(5)	9	(a)	9	(0)	(£)
Name, address, and EIN of entity	Primary activity	nıcıle oreign	Are all partners section 501(c)(3) organizations?	Share yea	or- e ns?	Code V-UBI amount in box 20	- 8 E g
			Yes No			(Form 1065)	l - l
			_				
				-			
							_
							_
					·		
							-
						-	

Schedule R (Form 990) 2010