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Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Inter	nal R	Reve	nue Service	► The organization may have to use a copy of this return to satisfy state repo	orting requi	rements		
ΑI	or	the	2010 calenda	ar year, or tax year beginning , 2010,	and end	ding		, 20
В	heck	ıf ap	plicable	C Name of organization			D E	Employer identification number
L	Ad	dres	s change					
	Na	me d	change	IBEW LOCAL 6 MEMBERS' BENEVOLENT FUND			27	-0167536
	Ini	tıal r	etum	Number and street (or P O box, if mail is not delivered to street address)	Room/sui	te	E 1	elephone number
Г	Te	rmın	ation	720 SOUTH MARKET STREET	700		(4	15) 263-3670
	Алт	nend	ed return	City or town, state or country, and ZIP + 4			E (Group Exemption
	Αρ	plica	ation pending	SAN FRANCISCO, CA 94102-2509				Number >
G	Acco	oun	ting method	Cash X Accrual Other (specify) ▶	I	Check		X If the organization is not
			e: ▶		[_		-	attach Schedule B
. 1	ax-ex	kemp		X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	•		990-EZ, or 990-PF)
	Chec		<u> </u>	anization is not a section 509(a)(3) supporting organization and its gross re		•		
				990 return is not a section 309(a)(3) supporting organization and its gross in	-		-	
				to file a complete return	1 (366 1113	u dellons,	. Dui	ii tile organization chooses
			<u>-</u>	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	accete (Ba			
							•	42,595.
				\$500,000 or more, file Form 990 instead of Form 990-EZ				
ΕĞ	ırt <u>l</u>			xpenses, and Changes in Net Assets or Fund Balanc organization used Schedule O to respond to any question in				
	١.							42,595.
	1			gifts, grants, and similar amounts received		–	1	42,393.
	2			ce revenue including government fees and contracts		· · ·	2	
	3			ues and assessments		· · ·	3	
	4			ome		$\cdots \vdash$	4	
	5			from sale of assets other than inventory				
		b	Less cost or o	ther basis and sales expenses				
		С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		· · · _	5c	
	1 6		_	indraising events				
o.		а		from gaming (attach Schedule G if greater than				
ž	Z			<u> 6a </u>				
Revenue	ANNE	b		from fundraising events (not including \$ of contributions	3			
ď				ng events reported on line 1) (attach Schedule G if the		1	- 1	
	į.		sum of such g	ross income and contributions exceed \$15,000) 6b			1	
	B			penses gaming and fundraising events 6c				
,		d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct			
			IMPECE!	VED		_'	6d	
-		a	Gross_sales,of	-inventery, ess returns and allowances				
•	Ş١	Sp	Less cost of g	oods sold				
:		24	Gross profit of	(loss) from sales of inventory (Subtract line 7b from line 7a)		🖵	7 c	
	8	ŀ	Other revenue	(describe in Schedule O)			8	
	9		Totalrevenu	ც. Add Tines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶	9	42,595.
	10		-Grants-and-sir	nilar amounts paid (list in Schedule O)		L	10	<u> </u>
	11		Benefits paid t	o or for members		🗀	11	
es	12	:	Salaries, other	compensation, and employee benefits			12	0.
Expenses	13	1	Professional for	ees and other payments to independent contractors		L	13	894.
×pe	14	ļ	Occupancy, re	nt, utilities, and maintenance		L	14	
ú	15	;	Printing, public	cations, postage, and shipping		L	15	97.
	16	,	Other expense	cations, postage, and shipping		[16	35,432.
	17		Total expens	ses. Add lines 10 through 16	<u> </u>	. ▶	17	36,423.
S	18			icit) for the year (Subtract line 17 from line 9)			18	6,172.
set	19)		fund balances at beginning of year (from line 27, column (A)) (must agree w				
Net Assets				jure reported on prior year's return)			19	37,141.
et	20)		s in net assets or fund balances (explain in Schedule O)			20	
Z	21			fund balances at end of year Combine lines 18 through 20			21	43,313.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Par	Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to res		estion in this Par	† II			
	Check if the organization used Schedule O to rec	sporta to arry qu	(A) Beginning of y				nd of year
2	Cash, savings, and investments			,393.	22		31,145.
3					23		
24	Land and buildings Other assets (describe in Schedule O) ATTACHMENT 2		9,	748.	24		12,168.
25	Total assets		37,	,141.	25		43,313.
6	Total liabilities (describe in Schedule O)	[26		
7	Net assets or fund balances (line 27 of column (B) must agree with		37,	,141.	27		43,313.
Vha	Check if the organization used Schedule O to responsible to the organization used Schedule O to responsible to the organization's primary exempt purpose? ATTACHME or the organization's exempt purpose of the organization's exempt purpose or the organization's exempt purpose or the organization's exempt purpose or persons benefited, and other relevances provided, the number of persons benefited, and other relevances.	nd to any question NT 3 purposes. In a clear	n in this Part III and concise manner,		<u>-</u> 4	(Required 501(c)(3) organizati	denses I for section and 501(c)(4) ions and section I) trusts, optional)
28	Grants \$) If this amount include:		eck here	. ▶	28a		
30	Grants \$) If this amount include:	s foreign grants, ch	eck here	• •	29a		
	Grants \$) If this amount include	e foreign grants, ch	ock horo		- 30a		
	Grants \$) If this amount include	s luleigh grants, ch			1304		
14	Other program coruses (attach schedule)				1 i		
	Other program services (attach schedule)				31a		
	(Grants \$) If this amount include	s foreign grants, ch	eck here	. ▶	31a 32		
32		s foreign grants, ch	eck here		32	tructions f	or Part IV)
32	Grants \$) If this amount include Total program service expenses (add lines 28a through 31a)	s foreign grants, ch	eck here	nsated (se	ee the ins	<u></u>	
32	Grants \$) If this amount include Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo	s foreign grants, ch	ne even if not comper n in this Part IV erage (c) Comper	nsated (so	ee the ins	outions to nefit plans &	
Pa	Grants \$) If this amount include Total program service expenses (add lines 28a through 31a) It IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to response (a) Name and address	s foreign grants, ch vees. List each or nd to any question (b) Title and aw hours per we	ne even if not comper n in this Part IV . erage (c) Comper k (if not pi enter -0	nsated (so	ee the ins (d) Contrib employee bei deferred con	outions to nefit plans & mpensation	(e) Expense account and other allowances
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Part				
	Check if the organization used Schedule O to respond to any question in th is Part V			للل
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		X
34	description of each activity in Schedule O			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	212	2000	
b	Did the organization file Form 1120-POL for this year?	37b	See . V.	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	743		11
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			3
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			34.4
b	Gross receipts, included on line 9, for public use of club facilities		1	7
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		٠, س	*
	section 4911 ▶0; section 4912 ▶0; section 4955 ▶0.	A	300	4
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<i>XX</i>	المستقا	ال عائد
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			v
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1 7 /6	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			t -
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		**	92.1
			100 m	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
	Telinouised by the organization	l. ,	12	1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		X
4.4	transaction? If "Yes," complete Form 8886-T	400	<u> </u>	L
41	List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ JUDY FISHER Telephone no ▶ 415-26	3-36	70	
42 a	The organization's books are in care of ▶ JUDY FISHER Located at ▶ 720 S. MARKET ST., STE. 700, SAN FRANCISCO, CA ZIP + 4 ▶ 94102— At any time during the calendar year, did the organization have an interest in or a signature or other authority	2509		····· ·
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b		X
	account)?	*		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
-	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44b	Ĺ	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
		om 99	0-EZ	(2010)

		ration a contr	collect antity of the	a accomination within the					
45 Is a	any related organiz		oned entity of the	e organization within the	meaning of secti	on 512(b)(13)?	45		X
	•		*	engage in any transactioi	-				
me	aning of section	512(b)(13)?	If "Yes," Form 9	90 and Schedule R mu	ist be complete	d instead of Form			
990)-EZ						45a		Х
	•			in political campaign act			1		
				chedule C, Part I			46		X
Part VI	501(c)(3) orga	anizations ar	zations and se nd section 4947 tables for lines	ection 4947(a)(1) non (a)(1) nonexempt cha 50 and 51.	exempt charit ritable trusts m	able trusts only. ust answer questi	All se ons 47	ction 7-49b)
	·	•		O to respond to any qu	uestion in this n	art VI			Г
	Oncok ii tiio o	Tguinzanori	doca concadio	o to respond to drift q	иссион ин инс р	<u> </u>	···	Yes	No
7 Did	the organization (engage in lob	bying activities?	If "Yes," complete Schedu	ıle C. Part II		47		X
				n 170(b)(1)(A)(ıı)? If "Yes,"			48		Х
				mpt non-charitable related			49a		X
				organization?			49b		
0 Co	mplete this table f	or the organ	ızatıon's five high	nest compensated emplo	yees (other than	officers, directors,	truste	es an	d k
em	ployees) who each	received mo	ore than \$100,00	0 of compensation from			ter "No	ne."	
(2	a) Name and address o than \$	of each employee 100,000	paid more	(b) Title and average hours per week devoted to position	(c) Compensatio	n (d) Contributions to employee benefit plans & deferred compensation	acc	Expens count an allowar	nd
				<u> </u>					
						•	-		
					1		ļ		
									
51 Co	mplete this table 00,000 of compen	for the organisation from t	nization's five hig he organization	000 ► NO ghest compensated inde If there is none, enter "No	ependent contra	ctors who each rec	ceived	more	tha
51 Co	mplete this table	for the organisation from t	nization's five hig he organization	ghest compensated inde If there is none, enter "No	ependent contra one."	ctors who each rec	ceived (c) Con		
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2009 (a) 2006 (b) 2007 (c) 2008 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) contributions, Gifts. grants. and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2007 (c) 2008 (d) 2009 (f) Total (a) 2006 (e) 2010 Calendar year (or fiscal year beginning in) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 . . 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 15 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5		tion A. Public Support alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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persons that exceed the greater of \$5,000 or 1% of the anount on line 13 or 1% of the anount on line 18 or 1% of the pear. Calendar year (or fiscal year beginning in) 9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, reints, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sate of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here The organization qualifies as a publicly supported organization 20 Private foundation if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 21 Section 20 Section 20 Schedule A, Pert III, line 15 Section 20 Schedule A, Form 990 ex 990 EX Schedule A, Form 99	D	received from other than disqualified						
for the year		persons that exceed the greater of				,	İ	
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Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6	С	Add lines 7a and 7b						
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9 Amounts from line 6,	Sec	tion B. Total Support	г	· · · · · · · · · · · · · · · · · · ·	· _I			
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Schedule A (Form 990 or 990-EZ)	20							lî —
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Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection

	oyer identification number
	27-0167536
ATTA	CHMENT 1
	
	30,404.
	5,000.
	28.
	35,432.
ATTA	CHMENT 2
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9,740.	12,168.
0.	12,100.
9,748.	12,168.
	BEGINNING OF YEAR 9,748.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO HOLD CHARITABLE EVENTS IN WHICH MONEY IS RAISED TO PROVIDE SOME FINANCIAL RELIEF TO MEMBERS OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 6 WHO BECOME INJURED ON THE JOB OR DISTRESSED WHILE WORKING.

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LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	TITLE AND AVERAGE CONTRIBUTIONS EXPE
FORM 990EZ, PART IV - LIST OF OFFICERS, D	