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Form 990

Return of Organization Exempt From Income Tax

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

For the 2010 calendar year, or tax year beginning 2010, and ending D Employer Identification Number Check if applicable INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35-0782423 Address change WORKERS LOCAL 1393 E Telephone number Name change 3645 S. EAST STREET 317.791.1362 Initial return INDIANAPOLIS, IN 46227 Terminated 2,080,458. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? SAME AS C ABOVE No If 'No,' attach a list (see instructions) 501(c)(3) X 501(c) (527 Tax-exempt status) < (insert no.) 4947(a)(1) or Website: ► H(c) Group exemption number ► 0064 Form of organization Corporation Trust Association Other • L Year of Formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS, AND BENEFITS Activities & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 <u>30</u> Total number of volunteers (estimate if necessary) 6 0 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 7 b 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** R Contributions and grants (Part VIII, line 1h). q Program service revenue (Part VIII;-line-2g)... 2,176,299 2,074,758. 10 Investment income (Part VIII, column (A), lines 3, 4; and 7d) 2,964 5,700. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,179,263 2,080,458. 12 Grants and similar amounts paid (Part IX/column (A), Jiffes 1-3)-1 Benefits paid to or for members (Part IX, column (A), line 4). 574,459 517,097. 924,379 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 986,616. 16a Professional fundraising fees (Part IX, column (A), line 11e). **b** Total fundraising expenses (Part IX, column (D), line 25) 601,674 706,599. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,100,512 2,210,312. Revenue less expenses Subtract line 18 from line 12 78,751 -129,854**Beginning of Current Year End of Year** Total assets (Part X, line 16) 1,531,149 1,547,058. 20 21 Total liabilities (Part X, line 26) 124,072 269,835. Net assets or fund balances Subtract line 21 from line 20 1,407,077 1,277,223. Signature Block manying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and inch prepared has any knowledge Signature of office Sign Here THOMAS BAILEY BUSINESS MGR Type or print name and title Preparer's signature X if 5.31.11 JEFFREY A MULLEN, CPA JEFFREY A. MULLEN, CPA self-employed N/A **Paid** ► JEFFREY A. MULLEN, Preparer Firm's name Use Only 35 E POPLAR STREET Firm's address Firm's EIN N/A

ZIONSVILLE, IN 46077-1549

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

317.938.0309 X Yes

Form	990 (2010) INTERNATIONAL BROTHERHOOD OF ELECTRICAL	35-0782423	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u>.</u>	
1	,		
	BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,	AND BENEFITS	
2	Did the organization undertake any significant program services during the year which were not listed	on the prior	
	Form 990 or 990-EZ?	<u> </u>	res X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	ces by expenses Se	ection 501(c)(3)
	expenses, and revenue, if any, for each program service reported.	ind anocations to or	ners, the total
42	a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,		
41	(Code: (Expenses \$ including grants of \$)	Pevenue \$	
4:	Ticode) (Expenses \$\frac{1}{2}\)	(rtevenue p	
_	(O. I.)	(D. 6	
40	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		-	
			-
	101		
4	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	j	
_	e Total program service expenses ►		Form 000 (0010)
BAA	TEEA0102L 10/06/10		Form 990 (2010)

Part IV | Checklist of Required Schedules

	 						
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		Х			
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Χ			
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		Х			
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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х			
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 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 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.						
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х				
١	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	11 b		Х			
•	c 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	11 c		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	11 d		Х			
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х				
1	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	11 f		х			
12	a 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	Х				
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X			
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X			
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х			
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х			
1	b 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)	20 b					

	990 (2010) INTERNATIONAL BROTHERHOOD OF ELECTRICAL 35-078242	3	P	age 4
Par	Checklist of Required Schedules (continued)	Ι	Yes	No
` ~~	0.11.			
21	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
22	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	22		<u>x</u>
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a 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		
t	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		х
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):		a.	
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ļ	X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(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
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	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		Х
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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
;	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			
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		
	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	37		X
38	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	38		Х
BAA		Forr	n 990	(2010)

Form 950 (2010) INTERNATIONAL BROTHERIES OF ELECTRICAL 35 070242		<u> </u>	aye
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			للن
30		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
			l
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 30			l
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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 at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5 b	<u> </u>	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	0.5		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7a	<u> </u>	-
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 was required to file Form 8282?	7 c		l
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u> </u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	<u></u>	<u> </u>	<u> </u>
a Did the organization make any taxable distributions under section 4966?	9 a	ļ	ــــــــــــــــــــــــــــــــــــــ
b Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	ļ	<u> </u>
10 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	-	1	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	4		1
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?	12a		
b 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.			<u> </u>
a is the organization licensed to issue qualified health plans in more than one state? .	13a	<u> </u>	<u> </u>
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	<u> </u>	<u> </u>	_
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h if 'Yes' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O	1 14h	1	1

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, a iges i	and 1 in	for
Check if Schedule O contains a response to any question in this Part VI			X
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b			•
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.	4		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Х
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 members of the			
governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		<u>X</u>
			1
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a		
a The governing body?	8b		X
b Each committee with authority to act on behalf of the governing body?9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		<u> X</u>
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	L
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c 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		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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	İİ		
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers of key employees of the organization	15b		Х
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 arrangement 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 evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed - IN			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available Check all that apply.	vaılabl	e for	public
Own website Another's website Upon request			
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public. SEE SCHEDULE O			ancıal
20 State the name, physical address, and telephone number of the person who possesses the books and records of the orga ► BARBARA HEDGE 3645 S. EAST STREET INDIANAPOLIS IN 46202 317.791.1362	anızatı	ion.	

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INTERNATIONAL BROTHERHOOD OF ELECTRICAL Form 990 (2010)

Part VII	Con	npensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compen	isated E	mployees,
•	and	Independent	Contract	ors							

Check if Schedule O contains a response to any question in this Part VII

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

- 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.

Check this box if neither the organization	n nor any	relate	d or	gan	ızat	ion co	mpe	nsated any current of	ficer, director, or trust	ee.
(A)	(B)			(((D)	(E)	(F)
Name and title	Average	Posi	tion (call t	hat app	ly)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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 organizations
(1) RICHARD BYRER										
EXECUTIVE BOARD	20	Х						570.	0.	0.
(2) STEVEN MOORE										
ASST FIN SEC	20	Х						570.	0.	0.
(3) BRADLEY COLTER									}	
ASST FIN SEC	20	Х						570.	0.	0.
(4) MARK KELLEY										
EXECUTIVE BOARD	10	Х						570.	0.	0.
(5) JOSEPH ROBINSON										
EXECUTIVE BOARD	10	Х						570.	0.	0.
(6) GARY CULLUM										
EXECUTIVE BOARD	30	Х	<u> </u>					570.	0.	0.
(7) JOSEPH FRIEDT										
EXECUTIVE BOARD	10	Х						570.	0.	0.
(8) BRENT LEWIS										
EXECUTIVE BOARD	20	Х				i		570.	0.	0.
(9) KEVIN CRULL EXECUTIVE BOARD	10	х						570.	0.	0.
(10) MICHAEL GRIGGS				Г						
EXECUTIVE BOARD	10	X						570.	0.	0.
(11) NICK NEAL	 							0.01		
ASST FIN SEC	1 10	X						570.	0.	0.
(12) DONALD SMALL										
ASST FIN SEC	10	х						570.	0.	0.
(13) TIMOTHY OVERMAN	<u> </u>									
EXECUTIVE BOARD	10	Х	1					570.	0.	0.
(14) ROBERT MADDEN					_					
TREASURER	20			x				570.	0.	0.
(15) RONALD THOMPSON	<u> </u>				┪			5.51		
SECRETARY	10			Х				570.	0.	0.
(16) MICHAEL EDWARDS	1						Г			
VICE PRESIDENT	30			x				570.	0.	0.
(17) THOMAS BAILEY	1	1		Ť			Π			
BUSINESS MGR	40			X				95,986.	0.	0.
BAA	· · · · · ·		TEEA		_	2/21/10		· · · · · ·		Form 990 (2010)

Part VII Section A. Officers, Directors, Trust	ees, K	(ey	Em	iplo	ye	es,	and	d Highest Con	pensated Em	ploy	ees	(cor	1t)
(A)	(B)			(6	:)			(D)	(E)	1	(F)	
Name and title	Average hours							Reportable compensation from	Reportable compensation from		Esti	mated t of oth	ner
	per week (describe hours for related organi- zations in Sch O)	indn or di	instr	Officer	Key	Highest compensated employee	Forn	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		compe	ensation	
	hours for related	recti	tutio	Ē	emp	lest o	ner	(11-2/1033-111130)	(**-2/1033-111100)		organ	nization related	
	organı- zations	5 5	nal t		employee	atuo:		1		1	organ	ization	s
	Sch O)	stee	Institutional trustee		"	ens							
			ř) ted							
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(29)													
1 b Sub-total		l .	.	<u> </u>	L	L_J	▶	105,106.	0	+			0.
c Total from continuation sheets to Part VII, Section	Δ	•	•	•	•		▶ '	0.	0				0.
d Total (add lines 1b and 1c)							•	105,106.	0				0.
Total number of individuals (including but not limite	d to tho	se li	stec	l ab	ove)) wh	o re		\$100.000 in repor	table	com	pensa	
from the organization > 0					,	,			, ,				
												Yes	No
3 Did the organization list any former officer, director	or trust	ee.	kev	emi	olov	ee. o	or h	ighest compensat	ed employee]	
on line 1a? If 'Yes,' complete Schedule J for such i	ndividue	al ,	,	٠	رد.د		•	.9		L	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	e coi	mpe	nsa	tion	and	oth	er compensation	from			İ	
the organization and related organizations greater t such individual	han \$15	50,00	00'?	If 'Y	'es'	com	plet	e Schedule J for		-	4		X
		4	_ 4_				-1-4-	. d		F	 +		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complet	e Sc	n tro :hed	om a lule	any <i>J fo</i>	unre <i>r su</i> e	eiate ch p	ed organization or person.	individuai		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest compensa-	ted inde	pen	dent	cor	ntra	ctors	tha	at received more t	han \$100,000 of				
compensation from the organization								<u> </u>					
(A) Name and business addres	s							(B Description) of services	Co	(C mper	<i>)</i> isatio	n
FILLENWARTH DENNERLINE GROTH & TOWE, LLP 429		DMO.	NT	CTD	FFT	S.	IITT	 					152.
1 1 DDBMARATH DEMARKSTAR GROTH & TONE, LEFT 425	<u> ve</u>	.u.10.	.11	<u> </u>		, 3	<u> </u>	THIS LINE				. J , 4	
								<u> </u>	_				
		-											
		-						Ì					
2 Total number of independent contractors (including	but not	lımı	ted	to t	hose	e list	ed a	above) who receiv	ed more than	,			
\$100,000 in compensation from the organization													

Page 9

rai	t viii Stateliielit oi Nevellue				
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns				
E REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS b	2,074,758.			2,074,758.
RAM SERVIC	d e f All other program service revenue				
PROG	g Total. Add lines 2a-2f.	2,074,758.			
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Poyeltos	5,700.			5,700.
OTHER REVENUE	6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10a 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				
	to a All other revenue e Total. Add lines 11a-11d .				
	12 Total revenue See instructions	2.080.458	0.	0	2.080.458

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			gonorar enperiose	
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				
4	Benefits paid to or for members	517,097.			
5	Compensation of current officers, directors, trustees, and key employees.	105,106.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	634,147.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	188,982.			
9	Other employee benefits				
10	Payroll taxes	58,381.		<u> </u>	
	Fees for services (non-employees)				
	n Management	113,452.			-
	D Legal	6,025.			
	Lobbying	0,023.			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	g Other				
	Advertising and promotion		- · · · · · · · · · · · · · · · · · · ·		
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,497.			
20	Interest	1,009.			
	Payments to affiliates				
22	· · · · · · · · · · · · · · · · · · ·	68,251.	_ .	 	· · · · · · · · · · · · · · · · · · ·
23 24		103,395.			
	ORGANIZING, FORM & NEGOTIATION	152,403.			
	OFFICE AND BUILDING EXPENSES	58,176.			
	AUTOMOBILE EXPENSE	42,019.			
	GRIEVANCE AND ARBITRATION	40,208.			
	PRINTING AND PUBLICATIONS	16,436.			
	All other expenses	70,728.			
	Total functional expenses. Add lines 1 through 24f	2,210,312.			
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				
BAA					Form 990 (2010)

Form **990** (2010)

Part)	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	752,345.	1	688,709
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	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	
\$ 7			7	
S 7 S 8 T 9	Inventories for sale or use	2,092.	8	2,092
T 9	Prepaid expenses and deferred charges .	23,770.	9	7,399
10	a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 1,112,186.			
	b Less: accumulated depreciation. 10b 263, 359.	752,911.	10 c	848,827
11	Investments – publicly traded securities.	31.	11	31
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	· -		14	
15	Other assets. See Part IV, line 11	·	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,531,149.	16	1,547,058
17		77,738.	17	73,326
18	Grants payable		18	
19	Deferred revenue		19	
<u> </u>	Tax-exempt bond liabilities		20	
Å 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
 22	highest compensated employees, and disqualified persons. Complete Part II			;
Ė	of Schedule L		22	110 100
E 23	. ,		23	149,428
24			24	
25		46,334.	25	47,081
26		124,072.	26	269,835
E	Organizations that follow SFAS 117, check here ► and complete lines			
<u> </u>	27 through 29 and lines 33 and 34.			
\$ 27 \$ 28 \$ 26	Unrestricted net assets .		27	
Ĕ 28	·		28	-
	<u> </u>		29	
R	Organizations that do not follow SFAS 117, check here ► X and complete			
F N 30	lines 30 through 34.	1 407 077		1 077 000
		1,407,077.	30	1,277,223
뭐 31			31	
A 32		1 405 055	32	1 077 000
BALANCES 33		1,407,077.	33	1,277,223
S 34	Total liabilities and net assets/fund balances.	1,531,149.	34	1,547,058

BAA

Form 990 (2010) INTERNATIONAL BR	OTHERHOOD OF ELECTRICAL	35-07824	23	Pag	ge 12	
Part XI Reconciliation of Net Ass	ets				_	
Check if Schedule O contains a	response to any question in this Part XI	<u> </u>	<u> </u>		$\perp \perp$	
1 Total revenue (must equal Part VIII, col	umn (A), line 12)	1		<u>80,4</u>		
2 Total expenses (must equal Part IX, column (A), line 25)						
3 Revenue less expenses. Subtract line 2 from line 1						
4 Net assets or fund balances at beginning	ng of year (must equal Part X, line 33, column (A)).	4	1,4	<u>07,0</u>	<u>77.</u>	
5 Other changes in net assets or fund ba	lances (explain in Schedule O)	5			<u>0.</u>	
6 Net assets or fund balances at end of y column (B))	ear Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	1,2	77,2	23.	
Part XII Financial Statements and	Reporting				_	
Check if Schedule O contains a	response to any question in this Part XII	<u> </u>				
				Yes	No	
1 Accounting method used to prepare the	Form 990: 🗌 Cash 🛛 Accrual 📗 Other		_			
If the organization changed its method in Schedule O	of accounting from a prior year or checked 'Other,' explain					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial stater	nents audited by an independent accountant?		2b	Х		
c If 'Yes' to line 2a or 2b, does the organ review, or compilation of its financial st	ization have a committee that assumes responsibility for ove atements and selection of an independent accountant?	ersight of the audit	t, 2c	х		
If the organization changed either its or in Schedule O	versight process or selection process during the tax year, ex	plaın				
d If 'Yes' to line 2a or 2b, check a box be separate basis, consolidated basis, or t	low to indicate whether the financial statements for the year both:	were issued on a				
Separate basis X Consolid	ated basis Both consolidated and separate basis					
3a As a result of a federal award, was the Audit Act and OMB Circular A-133? .	organization required to undergo an audit or audits as set to \hdots	orth in the Single	3a		х	
b If 'Yes,' did the organization undergo the or audits, explain why in Schedule O at	ne required audit or audits? If the organization did not under nd describe any steps taken to undergo such audits	go the required au	ıdıt 3b			
BAA			Form	1 990 (2010)	

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TEEA0112L 12/21/10

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	ERNATIONAL BROTHERHOOD OF ELI RKERS LOCAL 1393	ECTRICAL		35-0782423
Par				
. u.	the organization answered 'Yes'	to Form 990. Part IV. line	6.	Accounts. Complete ii
		(a) Donor advised fu		(b) Funds and other accounts
4	Total aumber of and of year	(a) Donor advised to	irius	(b) Funds and other accounts
_	Total number at end of year	· 		
2	Aggregate contributions to (during year)			<u> </u>
3	Aggregate grants from (during year)			
4	Aggregate value at end of year .			
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the a	essets held in donor a legal control?	advised Yes No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor	g that grant funds can or advisor, or for any	n be other Yes No
Par	t II Conservation Easements. Comp	lete if the organization and	swered 'Yes' to F	orm 990, Part IV, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g.,		¬ '''	historically important land area
	Protection of natural habitat		- ∤	ertified historic structure
	Preservation of open space	L], ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ortinoa motorio ottavialo
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation	contribution in the f	orm of a conseniation easement on the
_	last day of the tax year.	non nela a quannea conscivation	i contribution in the i	om or a conscivation casement on the
				Held at the End of the Tax Year
a	Total number of conservation easements.			2a
Ł	Total acreage restricted by conservation ease	ements		2b
(Number of conservation easements on a cert	ified historic structure included i	n (a)	2c
,	Number of conservation easements included	in (c) acquired after 8/17/06, and	d not on a historic	
•	structure listed in the National Register	in (c) acquired after 0/1/700, air	·	2d
3	Number of conservation easements modified tax year ▶	, transferred, released, extinguis	hed, or terminated by	y the organization during the
4	Number of states where property subject to o	onservation easement is located	·	
5	Does the organization have a written policy reand enforcement of the conservation easement	egarding the periodic monitoring ents it holds?	, ınspection, handlıng	g of violations, Yes No
6	Staff and volunteer hours devoted to monitor •	ing, inspecting, and enforcing co	onservation easemen	ts during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conser	vation easements du	ring the year
8	Does each conservation easement reported of	on line 2(d) above satisfy the rec	uirements of section	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		,	Yes No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its re to the organization's financial s	venue and expense sta latements that descri	atement, and balance sheet, and bes the organization's accounting for
Pai	t III Organizations Maintaining Colle	ections of Art, Historical T	reasures, or Oth	er Similar Assets.
	Complete if the organization ans	swered 'Yes' to Form 990,	Part IV, line 8.	
1 a	alf the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	ts held for public exhibition, edu	cation, or research in	statement and balance sheet works of furtherance of public service, provide,
ŀ	o If the organization elected, as permitted unde historical treasures, or other similar assets hi following amounts relating to these items:	er SFAS 116 (ASC 958), to repoi eld for public exhibition, education	rt in its revenue state on, or research in fur	ment and balance sheet works of art, therance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	I, line 1		► \$
	(ii) Assets included in Form 990, Part X			>\$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other 5 116 (ASC 958) relating to these	sımılar assets for fır ıtems:	ancial gain, provide the following
á	a Revenues included in Form 990, Part VIII, lin	e 1		. ▶\$
	Assets included in Form 990, Part X			. ▶\$

Schedule D (Form 990) 2010 INTER	RNATIONAL	BRO	THERHOOD OF	F ELEC	CTRICAL		35-0782	2423		Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition			d Loan o	or excha	nge programs					
b Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the orga Part XIV			-	_	_			e in		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a Is the organization an agent, trus included on Form 990, Part X?					tributions or oth	ner assets no	ot [Yes	Γ	No
b If 'Yes,' explain the arrangement									-	
				-				Amoun	ì	
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?	?				Yes		No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds. Co	mplete if t	<u>he org</u>	anization ans	<u>swered</u>	'Yes' to For	<u>m 990, Pa</u>	art IV, line	10.		
	(a) Current	year	(b) Prior year	r	(c) Two years back	k (d) Thre	ee years back	(e)	Four year	s back
1 a Beginning of year balance.	·						· · · · · · · · · · · · · · · · · · ·	ļ		
b Contributions	,						΄,	<u> </u>		
 c Net investment earnings, gains, and losses 										
d Grants or scholarships								<u> </u>	·····	
 Other expenditures for facilities and programs 								ļ	ż.	
f Administrative expenses								<u> </u>		
g End of year balance								<u> </u>		
2 Provide the estimated percentag	-	end bal								
a Board designated or quasi-endov			%							
b Permanent endowment ►	 %									
c Term endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No										
(i) unrelated organizations								3a(i)	103	
(ii) related organizations 3a(ii)										
b If 'Yes' to 3a(ıı), are the related of	organizations	listed a	s required on So	chedule I	R?			3b		
4 Describe in Part XIV the intended uses of the organization's endowment funds.										
Part VI Land, Buildings, and										
Description of investment		(a) Cos	t or other basis evestment)	(b) C	ost or other sis (other)	(c) Accur deprec	mulated lation	(d)	Book va	alue
1a Land . 63,240. 63,240.								,240.		
b Buildings.					698,682.		73,992.			,690.
c Leasehold improvements					61,305.	(51,305.			0.
d Equipment					224,341.	- 8	32,274.		142	,067.
e Other .					64,618.	- 4	15,788.		18	,830.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 848,827.										
BAA							Sched	ule D (F	orm 99	90) 2010

(a) Description of liability (b) Amount

(1) Federal income taxes
(2) ACCRUED SALARIES, WAGES AND BENEFIT 38, 921.
(3) DUE TO ESCROW FUND 8, 160.

(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 47, 081.

2. 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 FIN 48 (ASC 740).

Schedule D (Form 990) 2010 INTERNATION			35-078	
Part XI Reconciliation of Change in Net As	•	nancial Statements		N/A
 1 Total revenue (Form 990, Part VIII,column 				
2 Total expenses (Form 990, Part IX, column				
3 Excess or (deficit) for the year. Subtract lin		•		
4 Net unrealized gains (losses) on investmen	nts .	•		
5 Donated services and use of facilities		•• • •		
6 Investment expenses				
7 Prior period adjustments	•		-	
8 Other (Describe in Part XIV).				
9 Total adjustments (net) Add lines 4 through			· · · ·	
10 Excess or (deficit) for the year per audited			·	37 /3
Part XII/ Reconciliation of Revenue p		ients With Rev	enue per Return	N/A
 Total revenue, gains, and other support per 		•	1	
2 Amounts included on line 1 but not on For	m 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains on investments		2a		
b Donated services and use of facilities	•	2b	````\	
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV).	•	2d		
e Add lines 2a through 2d.			. <u>2e</u>	
3 Subtract line 2e from line 1		1 1	3	
4 Amounts included on Form 990, Part VIII,			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
a Investments expenses not included on For	m 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	••	4b		
c Add lines 4a and 4b			4c	
5 Total revenue. Add lines 3 and 4c. (This r			5	
Part XIII Reconciliation of Expenses		ments With Ex	penses per Retu	rn N/A
1 Total expenses and losses per audited final		•	1	
2 Amounts included on line 1 but not on For	m 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	•	2a		
b Prior year adjustments		2b		
c Other losses	•	2c		
d Other (Describe in Part XIV.)		2d		
e Add lines 2a through 2d		•		
3 Subtract line 2e from line 1		1 1	3	
4 Amounts included on Form 990, Part IX, II			orga Julija	
a Investments expenses not included on For	m 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)		4b		
c Add lines 4a and 4b	must equal Form 990. Part I. line	10)	4c 5	
5 Total expenses Add lines 3 and 4c. (This Part XIV. Supplemental Information	must equal Form 990, Part I, line	10.)	3	
Complete this part to provide the descriptions re Part V, line 4; Part X, line 2; Part XI, line 8; Par any additional information.	equired for Part II, lines 3, 5, and 9 t XII, lines 2d and 4b; and Part XI	9, Part III, lines 1a II, lines 2d and 4b	and 4; Part IV, lines Also complete this p	1b and 2b, part to provide
			- -	
		 		
BAA	TEEA3304L 02/11/11		Sched	dule D (Form 990) 2010

Schedule D	(Form 990) 2010	INTERNATIONAL Information (cont	BROTHERHOOD OF	ELECTRICAL	3	35-0782423	Page 5
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL	Employer identification number
WORKERS LOCAL 1393	35-0782423
FORM 990, PART YI. LINE 11B - FORM 990 REVIEW PROCESS	
SEVERAL_MEMBERS_OF_THE_AUDIT_COMMITTEE_AND_BOOKKEEPER_REVIEW	THE 990 PREPARED BY THE
INDEPENDENT_CPA_FIRM	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	

(Rev January 2011)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

File a separate application for each return.

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer Identification number Name of exempt organization Type or INTERNATIONAL BROTHERHOOD OF ELECTRICAL print WORKERS LOCAL 1393 35-0782423 File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions filing your return See 3645 S. EAST STREET City, town or post office, state, and ZIP code For a foreign address, see instructions instructions INDIANAPOLIS, IN 46227 01 Enter the Return code for the return that this application is for (file a separate application for each return). Return Application Return Application Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 02 Form 990-BL Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ► BARBARA HEDGE Telephone No. ► 317.791.1362 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group. check this box ▶ If it is for part of the group, check this box ▶ I and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15____, 20 11_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 10 or tax year beginning _____, 20 ___, and ending _____, 20 ___. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a|\$ nonrefundable credits. See instructions 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3cl\$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions.

payments made Include any prior year overpayment allowed as a credit

Form 8868 (Rev. 1-2011)

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