

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



990 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)

OMB No. 1545-0047 2010

Department of the Treasury

Open to Public

Internal	Reven	ue Service	_ ► Th	e organizati	on may hav	e to use a copy	of this return	n to satisfy state re	eporting r	equiremei	nts	inspection
A F	or the	2010 calend	ar year, or ta	ax year begi	nning			, 2010, and	ending			, 20
B cr	eck if	applicable	C Name of org	janization T	BCW	Local	159	3) Employer identificatio
Ad	Idress	change	Doing Busin	iess As	TBELL	1 Local	15	93				45-03650
− Na	me cha	ange	Number and	street (or P.O	box if mail is	not delivered to stri			Room	suite	E	Telephone number
Ξ.	tial reti	-	BOX				,					Telephone number
=	rminate	ŀ		n, state or coun	try and ZIP+	4					\neg	
=		l return		zen	2	10	585	45			ا	Gross receipts \$
=		on pending	7 7-77 -	address of pri	nounal officer		<u> </u>	731				a Gross receipts a
^p	pucati	on pending	r Nameano	address of pin	ncipal officer				H(a)	ls this a gi affiliates?	oup ret	turn for
			504(-)(2)	7 504/51/) ◀ (insert	>	/// T	527				
			501(c)(3)	501(c)() (insert	no) 4947(a	(1)01	321	Н(Б)	Are all affi	ach a li	ncluded?
	ebsite:			1		041	- · ·		H(c)			
				Trust As	sociation 🔲	Other ►		L Year of formation		M State	of lega	al domicile
Part		Summary				.		12001 1	11/0	11/2		
	1	Briefly descri	be the organ	ization's mis	sion or mos	t significant activ	ittes:	300 9	-// 0			
A												
A C G t o												
v										_		
r				•		•	-	ed of more than 2				1
t n	3	Number of vo	oting membe	rs of the gov	erning bod	y (Part VI, line 1a	a)				3	1115
a e n	4	Number of in	idependent v	oting memb	ers of the g	overning body (I	Part VI, line	1b)			4	
5 c	5	Total number	r of individua	ls employed	ın calendar	year 2010 (Part	V, line 2a)				5	5
s	6	Total number	r of volunteer	s (estimate i	f necessary)		. .			6	
	7a	Total unrelate	ed business r	evenue fron	n Part VIII, c	olumn (C), line	2				7a	
	b _	Net unrelated	d business ta	xable incom	e from Forn	n 990-T, line 34.		<u></u> .			7b	
_			_						ı	Prior Year		Current Year
R e	8	Contributions	s and grants	(Part VIII, lin	e 1h)				6	725	14	7003
٧	ı								1			
e n	l	-								845	7	2910
U	l									375	/	776
•	l		•				-	12)	1	4473		7110
									1	•		
	ı											
F ×		-						-10)				
ų	1		-									
e n		Total fundras	•	•		· ·			 			
s e				-								
s		•	•			-				2980	5 7	11.20
		•		-	-	11					` `	6678
	19	Revenue less	s expenses	Subtract line	16 110111 111	18 12 · · · · · · · · · · · · · · · · · ·	CENT			54 gg	<u> </u>	432
Net Assets		T-4-14-	(D4 V l 4	.0)		(6)		70		ig of Curren タン ク	t Year	End of Year
or .	l .	Total assets	•	•		WA:	/ m a 2	ປາເ ໄດ້		70 /a	21	545
Fund Bal-	i e	Total liabilitie	•	•			· . W . ea . Z.	141 10		2000	,	< / 20
ances		Net assets or		es. Subtrac	t line 21 tro				ء کے	2072		5639
Parl		Signatui						44	<u> </u>			
under pand bel	penaltie lief, it is	es of perjury, I d s true, correct <u>.</u> a	eciare that I havind complete D	ve examined the eclaration of p	re return, inch reparer (othjer	than officer) is bas	ed on all inform	d statements, and to nation of which prep	ine best of arer has an	i iny knowle y knowledgi	uge 9.	
			0 1 1 1 1 1 1	166.	1111-	<u> </u>						125 11
C:	. 1	للاکم	will	100	w	`					كيا	1-25-11
Sign			re of officer	ا بـرر	Ð		٠				Date	ı
Here	•		ARRELL	KELsch	1 00	usiness 1	MANASO	ER				
		Type or	print name and	title	1		· ·		-			
		Print/Type pi	reparer's name	,	Preparer's	tignatare//		Date	,,	Check _	ıf P	11 0298
Paid		12/	IKL	en	1/1/	xee	2_	17-20-	//	self-emplo	yed	00098
rep	arer	Firm's name	KI	10/N	Na	10417+	inc		Firm's	EIN >		
Use	Only	Firm's addre	ss 🕨	. 1	'/	And a			Phone	no.		
	•		91/0	ando.	N	110 -	-600	54	101	-66.	2~	9451
N 4 A1	he IRS	discuss this	return with the	ne preparer	shown abov	ve? (see instruct	ons)					X Yes D
may 1												

	990 (2010)				Page
Par		ment of Program Service			_
			e to any question in this Part III	<u></u>	<u> </u>
	Briefly describe t	he organization's mission.			
					
				·	
	5 14				
2	_		gram services during the year which were		
				·····································	19 NO
3	*	these new services on Schedule		n ro aram	
•			ignificant changes in how it conducts, any j		
		these changes on Schedule O.		· · · · · · · · · · · · · · · · · · ·	NO
		-	ach of the organization's three largest progr	ram conucce by expenses	
ı			I section 4947(a)(1) trusts are required to re		
		· · · · · -	nue, if any, for each program service report		
10			including grants of \$		
la	(Code) (Expenses \$	moduling grains of \$) (Mevelide \$,
				· · · · · · · · · · · · · · · · · · ·	
•:-					
					
					-
	-				
		-			
					
b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
_				, (
				· · · · · · · · · · · · · · · · · · ·	
					· - · · · · · ·
c	(Code ⁻) (Expenses \$	including grants of \$) (Revenue \$)
					_
				. <u>.</u>	
d	Other program s (Expenses \$	ervices (Describe in Schedule O		venue \$	

Form 990 (2010)

EEA

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		77
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		_	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		7
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,"			1
	complete Schedule D, Part I	6		1
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		7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			•
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1/
	complete Schedule D, Part IV	9		1
1Ó	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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3
	VII, 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, Part VI	11a		ン
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		\mathcal{X}
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? 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		4
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		\sim
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		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		12
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		4
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			レル
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		7
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			8
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			r
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٧
	If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			lx -
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		, '

Part 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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		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			1
	employees? If "Yes," complete Schedule J	23		
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		·	۶ ا
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		4
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			`
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		4
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	!		l ′ .
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			X
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			1
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>'</u>
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		17
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		··· ' ·
20	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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
_	Schedule L, Part IV	28b		1
С	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	_	*
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<i>/</i>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
	conservation contributions? If "Yes," complete Schedule M	30		
ì:E	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		17
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.0
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			x
	III, IV, and V, line 1	34		/1
35	Is any related organization a controlled entity within the meaning of section 512(b)(1β)?	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,			
00	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1.
~~	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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,			ر. ا
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		17
	19? Note. All Form 990 filers are required to complete Schedule O	38		17
	TO ENGLISH FOR TOO HOLD ALD TO YOU TO COMPLETE CONTROLL CONTROLL CONTROLL FOR FOR FOR FOR FOR FOR FOR FOR FOR	, JU		

Form	990 (2010)		Р	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance			5
-	Check if Schedule O contains a response to any question in this Part V			. 🗆
			Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		س.
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 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		سا
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ميسة
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		
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		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>~</u>
С	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		
p	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).			
а	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		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<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?	7f		` _
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, and 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 .	Section 501(c)(7) organizations. Enter:			·· -
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due of received non-them)			_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
а	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.			-
Ь	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	1		
С	Enter the amount of reserves on hand	ļ		

14a

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Pai	rt 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			П
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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	- 1	
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6	./	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
/4	of the governing body?	7a		
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
ь		70		 11
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following		لمساد	
a	The governing body?	8a	-	
ь		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		1/
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_ 9		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	—	·	
	December of the second of the	40-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406	ļ	
44-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	IIa		
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
D	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1/
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	•••		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		
_	Other officers or key employees of the organization	15b	V	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	1	<u> </u>
، ْ 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	1		
	the organization's exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Neeth Dakota			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		-	
	available for public inspection. Indicate how you make these available. Check all that apply			
	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			
13	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: DARRELL KELSCH; 44 West Main Steef , HAZEN, N.DAK 58545;	70	1-74	<u>6-6710</u>
	STATE TOURS TO THE STATE OF THE		, , , ,	

orm	aan	(2010)	

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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 hours per week (describe hours for related organizations in Schedule O)	l t di n r i d u r i s e v t c i e t d e o	l t n r s u t s	0++-0	K e y e m	Hatapp H c e m g p p o y e e s n s e e d	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1) Digor Jacobson Secretary	/			,	X			46184		
DAMEN Kelsch-Q- Buskgen	7			_				47981		
(1) Digare Jacobson Secretary (2) DAMEII Kelsch - Q- BUSAGEN (3) GARY Lei'ni43- C- ASST BUSAGEN (4) GREG MODANTAJ Past ASST BUS (5) TOM Schurch Past Bersant	ent			X				31355		. <u>-</u>
"GREG MOTHAN Post ASST BUS	Aget						_	51585, 11621)		···· - ··-
1011 911/400 100g 100- 1							×	11620		
(6)										
(7)						:				
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

	n 990 (2010)										Page 8
Pa	irt VII Section A. Officers, Directors, To	rustees, Key Emplo	yees,	and	Hlg	hes	t Com	pen	sated Employees	(continued)	
•	· (A)	· · · · · · · · · · · · · · · · · · ·				(E)	(F)				
	Name and Title	Average hours per week (describe hours for related organizations in Schedule O)		I t nr su t s i t	0 f f c e	k all K e y e m p l o y e e	Hce Iom gmp hpi eny tsny tae te	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
(17)								_			
(18)											
(19)				-						-	
(20)											
(21)		,									
(22)									-		
(23)									-	-	
(24)											
(25)											
(26)											
(27)										-	
(28)											
1b c d 2	Sub-total	Section A	 d abo	 ve) \	 who	rece	eived r	► ► ► more	2 5 4725 e than \$100,000 in		0
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum	dule J for such indiv	idual								Yes No
5	the organization and related organizations gre- individual		· · · rom a	 ny u	 nrela	 ated	 organ	 nizati	on or individual		4 0
Sec	for services rendered to the organization? If " ction B. Independent Contractors	res, complete sche	aule J	101	Suci	тре	rson	<u> </u>		· · · · · · · · · · · · · · · · · · ·	5
1	Complete this table for your five highest components of the organization	pensated independer	nt con	tract	tors	that	receiv	ed r	nore than \$100,00	0 of	
	(A) Name and busine	ssaddress							(B) Description of	services	(C) Compensation
<u> </u>						_					
2	Total number of independent contractors (incomore than \$100,000 in compensation from the	_	d to the	ose	liste	d at	ove) v	who	received		

Form 99								Page 9
Part \	VIII	'Statement of Revenue						
`,	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contri-	1a b	Federated campaigns	1a 1b	700358			# # # # #	312, 313, 51 314
butions, gifts,	d	Fundraising events	1c				# # #	
grants and other similar amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e				# # # # # # # # # # # # # # # # # # #	
	g	Noncash contributions included in lines 1				•		
	h	Total. Add lines 1a-1f		Business Code	700358		<u> </u>	
	2a							
O	b							
Program Service	С				-			
Revenue	d							
	е							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	<u> </u>	<u> ▶ </u>				
	3	Investment income (including dividends, in other similar amounts)			2912	•		
	4	Income from investment of tax-exempt bo	nd pro	ceeds ►		<u> </u>		
	5	Royalties						
		(ı) Rea	.1	(II) Personal			1	
	6a	Gross Rents						
	b	Less rental expenses					•	
	С	Rental income or (loss)					I	
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	ties	(II) Other				
0	ь	Less cost or other basis and sales expenses					<u> </u>	
t h		Gain or (loss)					1	
e	l	Gross income from fundraising			· · · · · · · · · · · · · · · · · · ·			
r	"	events (not including \$					Ī	
R	1	of contributions reported on line 1c).	_				1	
e		See Part IV, line 18	а				I	
~ v e	h	Less: direct expenses					1	
n		Net income or (loss) from fundraising ever			:			Ì
u e		Gross income from gaming activities				 	1 	
_		See Part IV, line 19	. а					
	h	Less direct expenses						
		Net income or (loss) from gaming activities					†	
	1						1	
		Gross sales of inventory, less returns and allowances						
	1						†	}
	- c	Net income or (loss) from sales of invento	ıy	Business Code			<u> </u>	
	110	Sulvy (10thing.		Business Code	2128		†	
	11a	Old la tal			1036		 	
	5	ama a Bibersed			4602			
	۔ ا	All other revenue			76000	-		-
	1	Total. Add lines 11a-11d					<u> </u>	
	1				7/1 036		 	<u> </u>
	114	Total revenue. See instructions			1.1026		l	

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 ((B), (C), and (D)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				. , -, -, -, -, -, -, -, -, -, -, -, -, -
	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				*******************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	254725		254725	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	:			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	ادرور	,2210		
	and section 403(b) employer contributions)	13348	13318		
9	Other employee benefits	20994	29459,		<u>-</u>
10	Payroll taxes	20 494		80994	
11_	Fees for services (non-employees)	<i>'</i>			
а	Management				
b	Legal	3860		962	
С	Accounting	3860		3860	
d	Lobbying			· · · · · · · · · · · · · · · · · · ·	
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other	~ / 202		/- 04	
12	Advertising and promotion	7/38		7/38	
13	Office expenses	59199			
14	Information technology				
15	Royalties	16199		1: 100	
16	Occupancy	/6//		16199.	· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	MAN		17000	
19	Conferences, conventions, and meetings	17974		17474.	· · ·
20	Interest				
21	Payments to affiliates				
22*	Depreciation, depletion, and amortization	210		360	
23	Other pyranea Itamiza evpanea net covered	360	· · · · · · · · · · · · · · · · · · ·	300	
24	Other expenses literalize expenses not covered		‡		
	above (List miscellaneous expenses in line 24f. If		1		
	line 24f amount exceeds 10% of line 25, column		1		
_	(A) amount, list line 24f expenses on Schedule O)	181654	181659	,	
a	- Mulipul	30406	181629	30406,	
b	Olothi My + Good of Union	21620	21620	20,062	
C	1 /2	10428			
d	LOST Waglo 1	1-108	10428	-	
e	All other expenses		-		
f 25	All other expenses	667826	256509	411317	
25 26	Joint Costs. Check here ▶ ☐ If following	W4 / X 26	220-41	111011	
20	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				

Part	X	Balance Sheet			
•	•		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	78759	1	69535
	`2	Savings and temporary cash investments	218505	2	270 9 3 9
ľ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	158439	4	158439
-	· 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			
A s		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
ļ		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	32546	10c	32546
	11	Investments - publicly traded securities	32472	11	32472
	12	Investments - other securities. See Part IV, line 11		12	•
	13	Investments - program-related. See Part IV, line 11	* -	13	
	14	Intangible assets	-	14	
ľ	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	52072/	16	56393
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
L i a	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	•
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified			
i i		persons. Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
e	24	Unsecured notes and loans payable to unrelated third parties		24	
Ĭ	25	Other liabilities. Complete Part X of Schedule D		25	
j	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here ▶ ☐ and			
NF		complete lines 27 through 29, and lines 33 and 34.			
e u t n	27	Unrestricted net assets		27	
d	28	Temporarily restricted net assets		28	
A s B	29	Permanently restricted net assets		29	
s a		Organizations that do not follow SFAS 117, check here ▶ ☐			
e I		and complete lines 30 through 34.			
t'a s n c o e r s	30	Capital stock or trust principal, or current funds		30	<u> </u>
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	60000
	32	Retained earnings, endowment, accumulated income, or other funds		32	50393
	33	Total net assets or fund balances	520721	33	563931
	34	Total liabilities and net assets/fund balances	520121	34	563931
		EEA	•		Form 990 (2010)

Pai	Reconciliation of Net Assets				age
•	Check if Schedule O contains a response to any question in this Part XI				. г
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			_
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	•		
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			
Pai	† XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u>.</u> .	<u> </u>	. [
	<u>_</u>			Yes	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Ī	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.			Ī	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	سا	
þ	Were the organization's financial statements audited by an independent accountant?		2b	سا	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			,	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		L.
	if the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O			1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1	
	issued on a separate basis, consolidated basis, or both				ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ĺ
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				l
	the Single Audit Act and OMB Circular A-133?		3a		Ŀ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	ı

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► See separate Instructions.

OMB No. 1545-0047

Open to Public

2010

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

► Attach to Form 990.

Inspection Employer identification number 45-036508

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment from the organization or related organization?	4a		・フ
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		V
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		ーレ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		V
b	Any related organization?	6b		~
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			/
	Regulations section 53.4958-6(c)?	9		-

Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			:	-				
		(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	IISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
-	(A) Name	(i) Base	(ii) Bonus & Incentive	(iii) Other	other deferred	benefits	(B)(ı)-(D)	reported in prior
		compensation	compensation	reportable compensation	compensation			Form 990-EZ
		€						
164 eg !	1 Copes Me Cathy 1	(II) S1585	5					
/		(i)						
2 TUM		(II) 7/62.M	7.					
		(I)						
က		(E)						
		(i)						
4		€						
		€						
S		€						
		€						
9		€						
		€						
7		€						
! !		(1)						
89		(11)						
		(1)						
6	•	(II)						
:		(I)						
10)	(II)						
		(1)						
11		(II)						
		€						
12		(E)						
		(E)						
13)	(II)						
		(3)						
14		(II)						
		(0)			:			
15		(II)						
		(3)						
16		(II)						
•								Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IBEM FOCUI 1993	45-0303002
Part VI, A 6. We have 1115 union members that are welcome to come to all Local Meetings, which are	held the third Thursday of each month.
Part VI, A 7a. All 1115 union members are mailed a ballot to elect all Local Officers and Executive Boa	ard Officers.
Part VI, A 7b. Other than standing reoccurring bills, all expenditures over \$25 are approved by the me	embership present at the monthly Local
Meeting.	
Part VI, B 15a and 15b. The compensation for all employees of the Local is approved by the members	hip and written in the Local's By-Laws.
Any By-Law change must be read at two consecutive monthly Local Meetings and approved by the me	embership present at the Local
Meeting. The By-Law change is then sent to the IBEW International Office in Washington, D.C. for app	proval before it can take affect.
Part VI, C 19. The governing documents, which is our Constitution, is given to all members when the	y join. We do not have a conflict of
interest policy. The financial statements are made available to the members and approved at each mo	onthly Local Meeting. The public can
view our LM-2 report on the internet or upon request.	