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DLN: 93493145004191

Form **990** 

# **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)

2010

OMB No 1545-0047

	nt of the Tre evenue Ser	The organization may have to use a sensy of this return to satisfy stat	te reporting r	equiremen	its	Open to Public Inspection
A For	the 20:	lo calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				-
	ck ıf applı	INTERNATIONAL DROTHERHOOD OF ELECTRICAL		D Employ	er id	entification number
_	ess chan	Doing Business As		54-02	5902	20
	e change		1	E Telepho	ne n	umber
Initia		Number and street (or P O box if mail is not delivered to street address) 1400 E NINE MILE RD	Room/suite	(804)	353-	9666
Tem				G Gross re	cointe	\$ 1,509,264
	nded retu	HIGHLAND SPRINGS, VA 230752326		<b>G</b> Gloss le	ceipts	\$ 1,309,204
Appli	ication pe					
		F Name and address of principal officer HARRY F ZAHN	<b>H(a)</b> Is this a g	roup return for	affiliat	es? Yes V No
		1400 E NINE MILE RD	<b>H(b)</b> Are all a	ffiliates inclu	ded?	□ Yes □ No
		HIGHLAND SPRINGS, VA 230752326				(see instructions)
Tax-	-exempt	status	H(c) Group	exemptio	n nur	nber 🟲
 J We	bsite: Þ	► WWW IBEWLOCAL666 COM				
		ızatıon	<b>L</b> Year of form	ation 1010	T M	State of legal domicile VA
Par		Summary	L fear or form	Iation 1910	141	State of legal dofficile VA
		efly describe the organization's mission or most significant activities				
Governance	SE LO ME	FERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION RVES WORKERS IN THE ELECTRICAL CRAFT INDUSTRY OF THE RICHMON CAL UNION SHALL BE TO PROMOTE BY ALL PROPER MEANS THE MATER! MBERS, TO CARE FOR THE SICK, ASSIST IN THE BURIAL OF THE DECEASELING AMONG THE ELECTRICAL CRAFT	ND, VIRGINI IAL AND INT	A AREA TELLECTU	THE AL V	OBJECTS OF THIS WELFARE OF ITS
š						
	<b>2</b> Ch	eck this box দ if the organization discontinued its operations or disposed of r	more than 25	% of its n	et as	sets
Activities &	<b>3</b> Nu	mber of voting members of the governing body (Part VI, line 1a)			3	17
Ĭ		mber of independent voting members of the governing body (Part VI, line 1b)			4	13
<u>کو</u>		al number of individuals employed in calendar year 2010 (Part V, line 2a) .		<u> </u>	5	25
		al number of volunteers (estimate if necessary)		<u> </u>	6 7a	0
		t unrelated business taxable income from Form 990-T, line 34		<b>—</b>	7b	0
			Prior	Year		Current Year
_	8 (	Contributions and grants (Part VIII, line 1h)			0	0
Revenue	<b>9</b> F	rogram service revenue (Part VIII, line 2g)		1,840,80	9	1,446,986
34		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		108,41	_	36,777
_		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		15,10	9	13,936
		2)		1,964,33	3	1,497,699
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,83	3	44,907
		Benefits paid to or for members (Part IX, column (A), line 4)		32,77	5	40,250
8		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-0)		654,65	2	645,925
Expenses	<b>16a</b> F	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ੜੇ	b <sub>T</sub>	otal fundraising expenses (Part IX, column (D), line 25) 🛌				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		827,59	-	942,132
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,560,85	-	1,673,214
$\overline{}$	<b>19</b> F	Revenue less expenses Subtract line 18 from line 12	Dii	403,47		-175,515
8 0 8 0 8 0 8 0			Beginning ( Ye			End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)		5,631,22	0	5,508,771
2 pun		otal liabilities (Part X, line 26)		117,41	-	131,240
		let assets or fund balances Subtract line 21 from line 20		5,513,80	3	5,377,531
	penaltie edge and	Signature Block s of perjury, I declare that I have examined this return, including accompanying sche l belief, it is true, correct, and complete. Declaration of preparer (other than officer)				
	<u> </u>	*****	201	1-05-25		
Sign		Signature of officer	Date			
Here	_	LARRY JARVIS FINANCIAL SECRETARY  Type or print name and title				
		nt/Type	·	heck if self- mployed 🕨	-T	PTIN
Paid		m's name NOVAK FRANCELLA LLC	05-25 er	p.0, cu r	+	

Firm's address • ONE PRESIDENTIAL BLVD SUITE 330

BALA CYNWYD, PA 19004

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

Firm's name FNOVAK FRANCELLA LLC

Preparer

**Use Only** 

Firm's EIN

Phone no 🕨 (610) 668-

▼Yes No

Form **990** (2010)

	330 (2010)				Page Z
Part		nent of Program Service A Schedule O contains a response			
1	Briefly describe	e the organization's mission			
WO R SHAL	KERS IN THE EL LL BE TO PROM	ROTHERHOOD OF ELECTRICAL LECTRICAL CRAFT INDUSTRY O OTE BY ALL PROPER MEANS TH N THE BURIAL OF THE DECEAS	FTHE RICHMOND, VIRGINIA A E MATERIAL AND INTELLECTU	AREA THE OBJECTS OF JAL WELFARE OF ITS ME	THIS LOCAL UNION EMBERS, TO CARE FOR
2	the prior Form 9	ation undertake any significant pro 190 or 990-EZ?		hich were not listed on	□ Yes □ No
	If "Yes," describ	be these new services on Schedul	e O		
3	services? .	ation cease conducting, or make s	ignificant changes in how it cond	ucts, any program • • • • • •	ΓYes Γ No
4	Describe the ex Section 501(c)	eempt purpose achievements for e (3) and 501(c)(4) organizations a thers, the total expenses, and rev	nd section 4947(a)(1) trusts are	required to report the am	
4a		) (Expenses \$ R WAGES, HOURS, WORKING CONDITION ITRACT NEGOTIATION AND ENFORCEMEN		) (Revenue \$ FOR UNION MEMBERS THROUG	) GH ORGANIZATION OF NON-UNION
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				_	
4d	Other program	n services (Describe in Schedule including	O ) grants of \$	) (Revenue \$	)
4e	Total program	service expenses +\$			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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		No
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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	- 1	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
h	year?	3a 3b		Νο
	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		Νο
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	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		Νo
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).	$\lfloor \ \rfloor$		
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	<u> </u>	
	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь LO	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
ø	in res, has it hied a form 720 to report these payments? If No, provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Charle of Cabadula O	contains a response to an	augetien in this Dart I/I					1.4
Check if Schedule O	contains a response to any	question in this Part VI					

Se	ction 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			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
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		No
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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		Νο
	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	Thus the organization provided a copy of this Form 550 to an intempers of its governing body before mining the form	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
ь	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		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		Νο
	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		No
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		
	List the States with which a copy of this Form 900 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
TΩ	Section 6104 requires an organization to make its Form 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 policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 LARRY R JARVIS

1400 E NINE MILE RD HIGHLAND SPRINGS, VA 230752326

(804) 353-9666

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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 nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours	Posi t	(C tion ( hat a	che		II.		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) HARRY F ZAHN PRESIDENT	2 00			х				2,376	0	0
(2) LARRY R JARVIS FINANCIAL SECRETARY	40 00			х				70,526	0	18,628
(3) THOMAS F COX TREASURER	3 00			Х				3,564	0	124
(4) JAMES A BELL JR VICE PRESIDENT	2 00			х				2,065	0	0
(5) JOHN C GANDY RECORDING SECRETARY	2 00			х				1,754	0	17
(6) JAMES H UNDERWOOD BUSINESS MANAGER	40 00			х				76,398	0	19,228
(7) HENRY W WHITE EXEC BOARD MEMBER	2 00			х				1,469	0	0
(8) JASON D JENKINS EXEC BOARD MEMBER	2 00			х				2,990	0	476
(9) OMAR A RAFEY EXEC BOARD MEMBER	2 00			х				1,796	0	0
(10) CHRISTOPHER S PHILLIPS EXEC BOARD MEMBER	2 00			х				1,896	0	42
(11) BRIAN S SOBER EXEC BOARD MEMBER	2 00			х				735	0	12
(12) ANTHONY COLEMAN EXAMINING BOARD MEMBER	2 00			х				228	0	67
(13) LARRY E SOUTHWARD EXAMINING BOARD MEMBER	2 00			х				136	0	122
(14) LARRY A PRIEST EXEC BOARD MEMBER	2 00			х				0	0	0
(15) STARR W JONES III EXAMINING BOARD MEMBER	2 00			х				0	0	0
(16) TIMOTHY A ELLIOTT EXAMINING BOARD MEMBER	2 00			Х				0	0	0

\$100,000 in compensation from the organization **F**0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensat employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	org	anızatı	he on and
	2 00		1		œ.	ensated	ner			from the organization related organization		
.7) CURTIS A ENGLEHART (AMINING BOARD MEMBER				х				0		0		
	+									+		
										-		
b Sub-Total				•			►					
c Total from continuation shee	,					•		155.000				
d Total (add lines 1b and 1c) .							<b>P</b>	165,933	0			38,716
Total number of individuals (ir \$100,000 in reportable comp	-				ted a	above)	) who	received more tha	n			
										1	<b>V</b>	
Did the organization list any <b>f</b>	<b>ormer</b> officer, direc	tor or tı	ruste	e. ke	ev ei	mplov	ee.o	r highest compens	ated employee		Yes	No
on line 1a? If "Yes," complete s						•	• .			3		No
For any individual listed on lin organization and related orgar												
individual		• •	•	• .	• •		•	· · · · ·		4		Νο
Did any person listed on line 1		-				-		-	r individual for			
services rendered to the organ	nızatıon? <i>If</i> "Yes," (	complete	e Sche	edule	J fo	or such	pers	son		5		Νo
Section B. Independent Co	ntractors											
. Complete this table for your fi	ve highest comper		ndepe	ende	nt c	ontrac	tors	that received more	than			
\$100,000 of compensation fro	om the organization (A)	n						<u> </u>	(B)		(C	<del></del>
	Name and business add	Iress						Descr	iption of services		Compen	
					_							

Form 99		•					Pa	age <b>9</b>
Part	<b>V</b>	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns	1a 1b 1c 1d 1e 1f a-1f \$	Business Code				
Program Service Revenue		MEMBERSHIP DUES  All other program service revenue  Total. Add lines 2a-2f		900099	1,446,986 1,446,986	1,446,986		
	b c	Investment income (including drand other similar amounts).  Income from investment of tax-exempt Royalties	bond proceeds	(п) Personal	36,777			36,777
enne	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)  Gross income from fundraising e (not including	Securities	(II) Other				
Other Revenue	c 9a b c	of contributions reported on line See Part IV, line 18  Less direct expenses  Net income or (loss) from fundra  Gross income from gaming activ Less direct expenses  Net income or (loss) from gaming	a b sing events  ties See Part IV, line 19 . a b					
,	b c 11a	Less cost of goods sold  Net income or (loss) from sales of Miscellaneous Revenue		12,509 11,565 Business Code 900099	944 12,992			12,992
	e	All other revenue  Total. Add lines 11a-11d  Total revenue. See Instructions	•		12,992 1,497,699	1,447,930	0 orm <b>990</b> (2	,.

# Part IX Statement of Functional Expenses

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

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 no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations									
	ın the U.S. See Part IV, line 21	30,907								
2	Grants and other assistance to individuals in the									
	U S See Part IV, line 22	14,000								
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	40,250								
5	Compensation of current officers, directors, trustees, and key employees	204,650								
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	314,102								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,170								
9	Other employee benefits	48,298			_					
10	Payroll taxes	38,705								
а	Fees for services (non-employees) Management									
b	Legal	9,363								
c	Accounting	49,086			_					
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	1,728			_					
g	Other	3,003								
12	Advertising and promotion	139,145								
13	Office expenses	61,408								
14	Information technology	,								
15	Royalties									
16	Occupancy	102,906								
17	Travel	32,141								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	54,481								
20	Interest	5.,,.52								
21	Payments to affiliates	413,896			_					
22	Depreciation, depletion, and amortization	26,554								
23	Insurance	3,969								
24	Other expenses Itemize expenses not covered above (List	3,509								
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	ORGANIZING	44,452								
ь		·			_					
c										
d										
e										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	1,673,214								
26	Joint costs. Check here ► if following	1,575,214								
	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 5,418 7,511 1 1 3,441,735 2 2.281.174 2 3 3 127,951 4 104,492 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 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) Assets 7 Notes and loans receivable, net . . . . . . . . . 8 16,279 21,772 Prepaid expenses and deferred charges . . . . 2,238 17,567 10a Land, buildings, and equipment cost or other basis Complete 299,483 10a Part VI of Schedule D 254.049 ь Less accumulated depreciation . . . . . 10b 61.601 l 10c 45,434 987,615 11 11 227.131 12 241,112 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,748,867 15 1,802,094 15 16 5,631,220 16 5,508,771 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 72,100 68.680 17 17 Accounts payable and accrued expenses . 18 18 48.737 19 19 49.192 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 9.948 Other liabilities Complete Part X of Schedule D . . . . . 26 117,417 26 131,240 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 5.513.803 5,377,531 Unrestricted net assets . . . . Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 5,513,803 33 5,377,531 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 5.631.220 5.508.771

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.4	197,69
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	573,21
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	175,51
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,5	513,80
5	Other changes in net assets or fund balances (explain in Schedule O)	5			39,24
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		5,3	377,53
Par	Table Transport			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3Ь		

DLN: 93493145004191

#### **Political Campaign and Lobbying Activities** OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes." to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	ection 501(c)(3) organizations th	at have filed Form 5768 (election und	ler section 501(h)) Co	omplete Part II-A Do not co	mplete Part II-B
	` ,` ,	at have NOT filed Form 5768 (election	•	• •	•
	e organization answered "Y ction 501(c)(4), (5), or (6) orgai	es," to Form 990, Part IV, Line 5 (	Proxy Tax) or Form	n 990-EZ, Part V, line 35a	(Proxy Tax), then
Na	me of the organization ERNATIONAL BROTHERHOOD OF ELEC	·		Employer iden	ntification number
	RKERS LOCAL UNION 666			54-0259020	
Par	t I-A Complete if the o	rganization is exempt unde	r section 501(c	) or is a section 527	' organization.
1	Provide a description of the c	organization's direct and indirect pol	ıtıcal campaıgn actıv	ıtıes ın Part IV	
2	Political expenditures			▶	\$ 13,394
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt unde	r section 501(c	)(3).	
1	•	se tax incurred by the organization		<b> -</b>	\$
2	Enter the amount of any exci	se tax incurred by organization man	agers under section	4955 <b>►</b>	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt unde	r section 501(c	) except section 50:	1(c)(3).
1	Enter the amount directly exp	pended by the filing organization for	section 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing exempt funtion activities	organization's funds contributed to	other organizations	for section 527 ▶	\$13,394
3	Total exempt function expend	ditures Add lines 1 and 2 Enter he	re and on Form 1120	-POL, line 17b	\$13,394
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes
5	organization made payments amount of political contribution	and employer identification number For each organization listed, enter ons received that were promptly and a political action committee (PAC)	the amount paid fron d directly delivered to	n the filing organization's t o a separate political orga	funds Also enter the nnization, such as a
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1)	IBEW POLITICAL FUND	900 7TH STREET NW WASHINGTON, DC 20001	52-2257109		13,394
				1	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

	·	
Part II-B	Complete if the organization is exempt under s	ection 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).	

	,	(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE ORGANIZATION COLLECTS AND DISTRIBUTES DEDUCTIONS FROM ITS MEMBERS TO THE IBEW POLITICAL FUND, WHICH DISTRIBUTES MONIES TO POLITICANS WHO ARE COMMITTED TO SUPPORTING ISSUES THAT ARE IMPORTANT TO OUR UNION WAY OF LIFE FUNDED SUPPORT TO HELP EDUCATE THE MEMBERS ON IMPORTANT LEGISLATION THAT MAY IMPACT THEIR LIVES

DLN: 93493145004191

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 666 54-0259020 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered Tes to Form 33					1		
	Total number at end of year	(a) Don	or adv	vised funds	(	<b>b)</b> Funds and	otner accou	nts
	Aggregate contributions to (during year)							
	Aggregate contributions to (during year)  Aggregate grants from (during year)							
	Aggregate value at end of year							
i	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	organization's ex	clusi	ve legal contro	?		☐ Yes	☐ No
i	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				•		☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organiza	tion	answered "Ye	s" to Forn	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	-	_	Preservation		ically importar d historic struc		a
	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ıfıed conservatıo	n con	tribution in the	form of a co	onservation		
	and the last day of the tax year					Held at the	End of the	Year
a	Total number of conservation easements				2a	Tiola at the	z Elia di tilo	
•	Total acreage restricted by conservation easements				2b			
	Number of conservation easements on a certified his		ac luda	ed in (a)	2c			
	Number of conservation easements included in (c) as			` '	2d			
	Number of conservation easements modified, transfe							
	the taxable year ▶ Number of states where property subject to conserva	ation easement is	s loca	nted <b>►</b>				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		nıtorı	ng, inspection,	handling of	violations, an	d	┌ N
	Staff and volunteer hours devoted to monitoring, insp	pecting and enfor	cing	conservation ea	asements d	uring the year	<b>-</b>	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing	cons	ervation easen	nents during	g the year 🟲 \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisf	y the	requirements o	fsection		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to th						
ari	Organizations Maintaining Collection Complete if the organization answered '					her Similar	Assets.	
3	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibi	tion, e	education or res	search in fu			≘,
•	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition					•	
	(i) Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					<b>►</b> \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:				ets for finan	cıal gaın, prov	ide the	
	Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$		
)	Assets included in Form 990, Part X					<b>►</b> \$		

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easu</u>	res, or Ot	<u>her</u>	Similar A	ssets	<b>S</b> (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a sıgnıfıcar	ıt us	e of its collec	tion		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the o	rganızatıon's	exe	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					lar	ΓYe	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions o	r other asse	ts n	ot	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng t	able			1	Aı	nount	<u> </u>	
с	Beginning balance						1	.c				
d	Additions during the year							.d				
e	Distributions during the year							.e				
f	Ending balance						_	.f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?							Гγ		┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to F	orm 990. I	Part	TV. line 10.			
		(a)Current Year		Prior					hree Years Back	<b>(e)</b> Fo	our Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ac	dministered	for t	he			
	organization by										Yes	No
	(i) unrelated organizations			•				•	3a	• •		
_	(ii) related organizations							•	3a			
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•	3	b		
	t VI Investments—Land, Buildings					QN Da	rt Y lıng 1	n				
- С	The stricted Land, bandings	s, and Equipme	, III C. J		a) Cost o		(b)Cost or ot		(c) Accumulat	od T		
	Description of investment				sis (inve		basis (othe		depreciation		( <b>d)</b> Bo	ok value
1a	_and		•									
	Buildings						1					
b												
	_easehold improvements											
c	Leasehold improvements						171,	062	148,	583		22,479
c   d   e	·						171, 128,			583 466		22,479 22,955

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	( <b>b</b> )Book value	(c) Method of valuation
(including name of security)	<del>  ` ` `                               </del>	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, III	ne 15	
(a) Descrip		(b) Book value
	ption	
(1) INVESTMENT IN SUBSIDIARY		1,794,778
(2) ACCRUED INTEREST		7,316
Total (Column (h) should equal Form 2000 Part V and (D) the	15.)	1 000 004
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2		▶ 1,802,094
Part X Other Liabilities. See Form 990, Part >	K, line 25.	▶ 1,802,094
		▶ 1,802,094
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	K, line 25.	▶ 1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	▶ 1,802,094
Part X Other Liabilities. See Form 990, Part >	K, line 25.	▶ 1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	▶ 1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	1,802,094

			. age
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,497,699
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,673,214
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-175,515
4	Net unrealized gains (losses) on investments	4	-13,984
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	53,227
9	Total adjustments (net) Add lines 4 - 8	9	39,243
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-136,272
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	1,535,277
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 151,996		
e	Add lines <b>2a</b> through <b>2d</b>	2e	138,012
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,397,265
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,728		
b	Other (Describe in Part XIV) 4b 98,706		
С	Add lines <b>4a</b> and <b>4b</b>	4c	100,434
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,497,699
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Reti	
1	Total expenses and losses per audited financial statements	1	1,671,549
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	98,769
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,572,780
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,3,2,,00
т a	Investment expenses not included on Form 990, Part VIII, line 7b   4a   1,728		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	100,434
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,673,214
	rt XIV Supplemental Information		1,073,214

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN NET ASSETS SUBSIDIARY - ELIMINATED FOR CONSOLIDATION 53,227
PART XII, LINE 2D - OTHER ADJUSTMENTS		SUBSIDIARY ORGANIZATION REVENUE 151,996
PART XII, LINE 4B - OTHER ADJUSTMENTS		SUBSIDIARY ORGANIZATION RENTAL REVENUE ELIMINATED FOR CONSOLIDATION 98,706
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SUBSIDIARY ORGANIZATION EXPENSES 98,769
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RENT PAID TO SUBSIDIARY-ELIMINATED FOR CONSOLIDATION 98,706
		PART X, LINE 2 - THE ORGANIZATION HAS NO LIABILITY FOR UNCERTAIN TAX POSITIONS

DLN: 93493145004191

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule I

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

ame of the organization ITERNATIONAL BROTHERHOOD OF ELECTRICAL								
OOD OF ELECTRICA	A L				54-0259020			
nation on Grants	and Assistance				<u>'</u>			
to award the grants ganızatıon's procedu	or assistance? ires for monitoring the us	e of grant funds in the	United States					
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.								
<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
52-2257109	527	13,394				NONFEDERAL CONTRIBUTIONS		
	nation on Grants ntain records to sub to award the grants ganization's procedu er Assistance to V, line 21 for any tional space is ne	nation on Grants and Assistance  ntain records to substantiate the amount of to award the grants or assistance?	nation on Grants and Assistance  ntain records to substantiate the amount of the grants or assistance to award the grants or assistance?	ntain records to substantiate the amount of the grants or assistance, the grantees' eligib to award the grants or assistance?	nation on Grants and Assistance  Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance to award the grants or assistance?	nation on Grants and Assistance  Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to award the grants or assistance?		

Enter total number of other organizations . . . . . .

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes"	to Form 990,	Part IV, lır	ne 22
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	12	14,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier

Return Reference

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493145004191

OMB No 1545-0047

2010

Open to Public Inspection

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 666

**Employer identification number** 

54-0259020

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		IBEW LOCAL 666 IS A MEMBERSHIP ORGANIZATION MEMBERSHIP TO THE ORGANIZATION IS DESCRIBED IN ARTICLE XIII OF ITS BY-LAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF IBEW LOCAL 666 ELECT THE ORGANIZATION'S OFFICERS ELECTIONS ARE HELD EVERY THREE YEARS AND ARE DESCRIBED IN ARTICLE III OF THE ORGANZIATION'S BY-LAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THERE NEEDS TO A MAJORITY VOTE OF MEMBERS OF IBEW LOCAL 666 TO 1) AMEND THE LOCAL'S BYLAWS AND 2) CHANGE THE AMOUNT OF DUES AND FEES ASSESSED MEMBERSHIP

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE PRESIDENT, TREASURER AND FINANCIAL SECRETARY PRIOR TO ITS FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -13,984 CHANGE IN NET ASSETS SUBSIDIARY - ELIMINATED FOR CONSOLIDATION 53,227 TOTAL TO FORM 990, PART XI, LINE 5 39,243

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	IBEW LOCAL 666'S GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT PERFORMING THE AUDIT

DLN: 93493145004191

**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

2010

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization		
INTERNATIONAL BROTHERHOOD	OF	<b>ELECTRICAL</b>
WORKERS LOCAL UNION 666		

**Employer identification number** 

54-0259020

Part I Identificat	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)												
Name, address	(a) s, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity							
	ion of Related Tax-Exempt Organizat		the organization	answered "Yes"	on Form 990, Part	IV, line 34 because	e it had one						
			T			1							

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>j)</b> 12(b)(13 rolled ızatıon
						Yes	No
(1) IBEW BUILDING CORPORATION							
1400 E NINE MILE ROAD	HOLDING COMPANY	VA	501(C)(2)				No
HIGHLAND SPRINGS, VA 230752326 80-0019774							
						1	
For Privacy Act and Panerwork Poduction Act Notice coethe Instructi	one for Form 000	Cat No E	112EV	•	Schodulo D / E	000\	2010

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership
					1	I								

ched	edule R (Form 990) 2010		Рa	age 3
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A	, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Du	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	<b>1e</b>		No
f	Sale of assets to other organization(s)	<b>1</b> f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i I	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	<b>1</b> j	Yes	$\vdash$
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1 1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	<u> </u>
o	Reimbursement paid to other organization for expenses	10	Yes	+
p	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)	1 <b>q</b>		No
r	O ther transfer of cash or property from other organization(s)	<b>1</b> r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		
	(a) (b) (c) Transaction Amount of the contraction (c)	(d) Method of determin	ning am	nount

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) IBEW BUILDING CORPORATION	J	98,706	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(state or foreign partners end-of-year country) section assets 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?  (g) Code V—UBI amount in box 20 of Schedule K-: (Form 1065)			Gene mana part	agın tner?		
			Yes	No		Yes	No		Yes	N
										+
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010