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990 Form

Department of the Treasury

Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB-No 1545-0047

2010

benefit trust or private foundation)

Open to Public Inspection

EEA

Form 990 (2010)

For the 2010 calendar year, or tax year beginning 2010, and ending IBEW LOCAL UNION 917 Check if applicable C Name of organization D Employer identification no 64-0295384 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Name change Telephone number 918 45TH AVENUE Initial return 300,606 Terminated City or town, state or country, and ZIP + 4 MERIDIAN, MS 39302 Amended return Gross receipts CHARLIE KAMPER Application pending Name and address of principal officer Is this a group return for affiliates? Same as C above Yes X No X 501(c) ( 5 Tax-exempt status 501(c)(3) 4947(a)(1) or 527 Are all affiliates included? If "No," attach a list (see instr Group exemption number Website. ▶ N/A H(c) 1938 Form of organization X Corporation Other M State of legal domicile Trust Association L Year of formation Part I Briefly describe the organization's mission or most significant activities. As a local union of the IBEW, the union provides services to its members and training for current members and for apprentices. G 0 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) · · · · · · · 225 Number of independent voting members of the governing body (Part VI, line 1b) . . 225 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 4 6 Total unrelated business revenue from Part VIII, column (C), line 12 · · · 7a 0 Net unrelated business taxable income from Form 990-1, lin 0 Current Year 225,279 Contributions and grants (Part VIII, line 1h) . 282,923 Program service revenue (Part VIII, line 2g) · · · 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,380 17,683 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) O 11 Total revenue - add lines 8 through 11 (must equal Part VII) 259,659 300,606 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 71,435 72,071 14 E Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 163,975 166,707 16a Professional fundraising fees (Part IX, column (A), line 11e) · · · · · · 0 b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 61,853 62,213 297,263 300,991 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · (37,604 (385) Beginning of Current Year End of Year 1,298,281 Total assets (Part X, line 16) 1,297,109 20 2,078 2,865 21 Total liabilities (Part X, line 26) 1,295,416 22 Net assets or fund balances Subtract line 21 from line 20 · · · · · 1,295,031 Signature Block Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct and cor te Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05-12-2011 Sign Date Business Manage Hendersoh Here Pnnt/Type preparer's name Check Jonda Henry 05-12-2011 Paid self-employed Culpepper and Culpepper 64-0808 Preparer Firm's name Firm's EIN PO Box 166 601-693-6951 Firm's address Use Only Meridian MS 39302 May the IRS discuss this return with the preparer shown above? (see instructions) XNo Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2010) IBEW LOCAL UNION 917	64-0295384	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u>··</u>
1	Briefly describe the organization's mission		
	As a local union of the IBEW, the union provides services to its members	and training for	
	current members and for apprentices.		
2	Did the organization undertake any significant program services during the year which were not listed on		<u> </u>
	the prior Form 990 or 990-EZ?	· · · · · · · · Yes	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · · · · · Yes	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 300,991 including grants of \$ ) (R	evenue \$ 300,6	06)
	LOCAL LABOR UNION FOR THE BENEFIT OF MEMBERS. TO HELP TO BRING INDUSTRY	AND JOBS TO THE	
	AREA. TO HELP TRAIN CURRENT MEMBERS AND APPRENTICES.		
			<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (R	evenue \$	)
			<del></del>
		<del></del>	
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (R	evenue \$	<u> </u>
,-	/ (Laponos V / (Laponos		<del></del> ′
		·····	
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
		70.5-0	
			<del>_</del>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 300,991		

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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II · · · · · · · · · · · · · · · · · ·	7		X
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,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-1, 1	T. (
	VII, VIII, IX, or X as applicable	( )	, "	ار المائزات المائد العالما
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	Х	
	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		_X
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? if "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		<u>X</u>
t	5			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		<u>X</u>
b	5			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
<b>4</b> ~	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		<u>X</u>
20a		20a		<u>X</u>
t	o and the desired in the second of the secon			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	i	

	•		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		Х
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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ļ	! !
	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		<u>X</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?		l	
	If "Yes," complete Schedule L, Part III · · · · · · · · · · · · · · · · ·	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1. 1.38Ži	1	growing. This is
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	2.4	Jan ( ) . [	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	i		
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ĺ	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ł	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 1	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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 · · · · · · · · · · · · · · · · · ·	_	ŀ	
25	· · · · · · · · · · · · · · · · · · ·	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
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 · · · · · · · · · · · · · · · · · ·	Ì	ŀ	
26	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	ļ	ŀ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	_		
27	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		j	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_	l	•-
20		37	j	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ...... Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 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? . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? ... 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · b 3b 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 4a 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . 5b C 5c 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C? 7h 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 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? . . . . . . . . . . . Did the organization make a distribution to a donor, donor advisor, or related person? . . . . 9h 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • 33 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • 12a 12a b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 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 Enter the amount of reserves on hand ............ Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year . . . 225 Enter the number of voting members included in line 1a, above, who are independent ..... h 225 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 10 the year by the following 8a 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a X 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 11a 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 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ..... 12c Does the organization have a written whistleblower policy? ....... 13 13 Х 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement \* ... with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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 X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 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 organization ▶ DOUG OLSON (601) 483-0486 918 45TH AVENUE MERIDIAN, MS 39302

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

Form	aan	(2010)	

IBEW LOCAL UNION 917

64-0295384

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

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 (descnbe hours for related organizations in Schedule O)	ltd nrı dur ıse vtc	t   n r   s u   t s   t e	O f f c e r	K e y e m	at apply) H c e m g mp e p o y e s s e e e d	F or mer	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) ADAM ETHRIDGE										
EXECUTIVE BOARD	ļ	X						150	0	0
(2) ALAN THOMAS									_	
EXECUTIVE BOARD	<del></del>	X						120	0	0
(3) CODY HEIDLEBURG								4.50		_
EXECUTIVE BOARD  (4) D J SHELTON	ļ	X					-	150	0	0
EXECUTIVE BOARD		l						2.50		_
(5) DONALD KINARD	<del> </del>	X						360	0	0
EXECUTIVE BOARD		١,,						20		_
(6) DOUG REID	<del> </del>	_X_		_				90	0	0
EXECUTIVE BOARD		.,						00		•
(7) JEFF THORNTON		X			-			90	0	0
EXECUTIVE BOARD		Х						30	o	0
(8) JOHN WHITE	··					-	$\vdash$	30		
EXECUTIVE BOARD		х						60	0	0
(9) KLINE GRESSETT		^			$\vdash$		-			
EXECUTIVE BRD		x						240	О	0
(10)ROB CLEARMAN	<del>                                     </del>	\ \hat{\chi}		_			-			
EXECUTIVE BOARD		х						150	o	0
(11)RYAN ISHIE		',		_			-			
EXECUTIVE BOARD		х						30	o	0
(12)SCOTT BRANTLEY		11								<del>_</del>
EXECUTIVE BOARD		x						120	o	0
(13)STEPHEN HOWARD		1	$\Box$							
EXECUTIVE BOARD		x						360	0	0
(14)STEVE RAWSON										
EXECUTIVE BOARD		x						90	0	0
(15)CHARLIE KAMPER										
PRESIDENT				Х				210	o	0
(16)DON WEATHERS										
VICE PRES.				Х				300	0	0

Part VII Section A. Officers, Directors, Trustees		,,,,,,	anc		_	St Coll	ibei	·			
(A)	(B)	(C)			(D)	(E)		(F)			
Name and Title	Average hours per week (describe hours for related organizations	t d nri dur s t c l e o u r	1	Of f - c e	K e y e m p l o	H c e i o m g m p h p i e e o s n y l s e a e	ForEer	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
	л Schedule О)	a o I r	onal		e e	e d					organizations
(17)JAY VICK				-	<del>  -</del>	<del> </del>			<del></del>		
RECORDING SEC				x	ł			360		0	0
(18)PHIL ODOM											
TREASURER				X				a		0	0
(19)CHRISTOPHER SKIPPER											
ASST BUSINESS MANAGER	40.00		L		<u>&gt;</u>			27,048		0	0
(20)SHAWN OLSON			1							1	
EMPLOYEE	20.00				Σ	<b></b>		12,535		0	0
(21)STACEY HENDERSON				ļ							_
BUS MGR/EXCUTIVE BOARD	40.00			_	<u> </u>	1		26,310		0	0
(22)DOUG OLSON	40.00							54.004			•
BUS MGR/ASST BUS MGR (23)	40.00					Х		54,294		0	0
(24)									· · · · · · · · · · · · · · · · · · ·	-	
(25)			-	 						-	·
(26)											
(27)											
(28)											
1b Sub-total · · · · · · · · · · · · · · · · · · ·			• •	٠.	• •	•••	<b>•</b>				
c Total from continuation sheets to Part VII, Section										ł	
d Total (add lines 1b and 1c)							▶	123,097		0	0
2 Total number of individuals (including but not limited t	o those liste	d abov	re) v	vho	гесе	eived m	ore	than \$100,000 in			
reportable compensation from the organization										0	·- <del> </del>
3 Did the organization list any former officer, director o	r trustee, key	emple	oye	e, or	hıg	hest co	ompe	ensated		t ~	
employee on line 1a? If "Yes," complete Schedule J f										· • [_:	3 X
4 For any individual listed on line 1a, is the sum of repo										13	
the organization and related organizations greater that individual	n \$150,0007	If "Ye	es," (	com	plet	e Sche	dule	e J for such			
										.	4 X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If "Yes," co	•		•			•	ızatı	on or individual			
Section B. Independent Contractors	implete Sche	suule J	101	Suc	ii þe	15011					5 X
Complete this table for your five highest compensated	d independer	nt cont	ract	ors	that	receiv	ed n	nore than \$100 000	n of		
compensation from the organization											
(A)								(B)	1		(C)
Name and business address Description of services				ervices	Co	ompensation					
											· ·
						·			_		
								_ <del></del>			· <del>·</del>
2 Total number of independent contractors (including b more than \$100,000 in compensation from the organic		to the	se I	iste	ds t	ove) w	no r	eceived			· · · · · · · · · · · · · · · · · · ·

Form 99	90 (20	10) · IBEW LOC	AL UNION 9	17			64-0295	384 Page 9
Part \	VIII	Statement of Revenu	ie					
· · · ·	· .			The state of the s	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from tax
	,	•	<i>.</i>		į	function revenue	revenue	under sections 512, 513, or 514
	1a	Federated campaigns · · ·	• • • • 1	a	_	1	3" 7" 75 75	135 1 1 1 1 1
	. р	Membership dues · · · ·	1	b 282,923	1	,		<i>f</i>
Contri-	C	Fundraising events · · · ·	1	С	,	7 /		. V.
butions, gifts,	d	Related organizations · · ·	1	d	1	1, - 1, - 1		
grants	е	Government grants (contribut	ions) · · 1	e	1 , 1		- 9,	
and other similar	f	All other contributions, gifts, g		f		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
amounts	g	Noncash contributions include			<del> </del> '.'-		13 70 18	19 J. W. W. W. W.
	h				282,923	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Entre Bush
	<del>                                     </del>			Business Code		50.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2250 2 - 5000
	2a			Distress code	d' '' '	7 . 12 .5	Ya ya Mara	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ь				<del></del>			
Program	C			-	<u> </u>			<u> </u>
Service Revenue	d			-				
	-			-				<del></del>
	f	All other program service rever	nue····					
		Total Add lines 2a-2f · · ·				والمراه المراسية		
		Investment income (including of		· · · · · · · · · · · · · · · · · · ·			7.2	0,0,7
	"	other similar amounts) · · ·		•	17,683	17,683	İ	
	4	Income from investment of tax	exempt bond p	proceeds · · · ▶				1
	5	Royalties · · · · · · · · ·				-		
			(ı) Real	(ii) Personal		1, 13 4, 27, 72	10 303373	
	6a	Gross Rents · · · · · ·						
	b	Less rental expenses · · · ·			1 11 11 11 11 11 11 11			
	C	Rental income or (loss) · · ·						
	d	Net rental income or (loss) •		• • • • • • •	]**			, wear
	7a	Gross amount from sales of	(i) Secunties	(II) Other	352,600	1 11 / 1/2	Min Cold Cold	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		assets other than inventory	<del></del>			13 th 1 th 1 th 1		
	ь	Less cost or other basis						
0		and sales expenses · · · ·						
ť	С	Gain or (loss)				159		
h	d	Net gain or (loss) • • • • •		· · <u>· · · · · · · · · · · · · · · · · </u>		<u></u>		
r	8a	Gross income from fundraising	I		暴力とした	28 980 17		
_		events (not including \$						
R e		of contributions reported on lin-	•		Total Care			186 × 183 ·
V		See Part IV, line 18 · · · ·						
e n	i .	Less direct expenses · · ·						
u		Net income or (loss) from fund	-	· · · · · · · •	<u> </u>			7
е	9a	Gross income from gaming act					<b>(著為為)</b> 空	
		See Part IV, line 19 · · · · ·					1.77 200%	
	1	Less direct expenses · · · ·				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>浸・ べんご</b>
	С	Net income or (loss) from gam	ing activities	· · · · · · • •		ļ		
	10a	Gross sales of inventory, less				3.7	- 2	
		returns and allowances		·	_			
	1	Less cost of goods sold · ·			4			,
	c	Net income or (loss) from sale	s of inventory	<del>- 7</del>	<del>                                     </del>			ļ
	<u></u>	Miscellaneous Revenue		Business Code			13.6.3	1 720
	11a			-	<del> </del>	ļ <u>-</u>		<del></del>
	þ			-	<del> </del>	ļ	ļ	<del> </del>
	C.	A.H		-	ļ — ———		<u> </u>	<u> </u>
	1	All other revenue · · · · ·		<u> </u>	<u> </u>	ļ		<u> </u>
	1	Total Add lines 11a-11d •		•	200 505			<u></u>
	12	Total revenue. See instruction	<u>ıs • • • • • • • • • • • • • • • • • • •</u>	<u> </u>	300,606	17,683		0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Do not include amounts reported on lines 6b, (D) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · · Grants and other assistance to governments, organizations, and individuals outside the 72,071 72.071 Compensation of current officers, directors, 58,470 58,470 trustees, and key employees . . . . . . . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 64,627 64,627 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . . 34,611 34,611 9 8,999 8,999 10 Fees for services (non-employees) 11 а b Legal 925 925 Accounting . . . . . . . . . . . . . c (1) · Professional fundraising services. See Part IV, line 17 · е Investment management fees · · · · · · 381 381 Advertising and promotion · · · · 12 3,983 3,983 13 Office expenses · · · · · · · 14 Information technology . . . . . Royalties · · · · · · · · · 15 18,067 18,067 16 Occupancy · · · · · · · 8,511 8,511 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . . 19 20 Payments to affiliates · · · · · · 21 4,483 4,483 22 Depreciation, depletion, and amortization . 1,945 1,945 Insurance . . . . . . . . . . . . . . . . . . . 23 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) TELEPHONE 6,416 6,416 5,336 REPAIRS 5,336 b 4,216 AUTO 4,216 C 1,035 AWARDS & GRANTS 1,035 d 2,007 2,007 UNFORMS 4,908 4,908 300,991 0 300,991 0 Total functional expenses. Add lines 1 through 24f · · 25 Joint Costs Check here ▶ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....

Part	: X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	1,522	1	50,543
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	1,070,382	2	1,030,612
	3	Pledges and grants receivable, net · · · · · · · · · · · · · · · · · · ·		3	
	4	Accounts receivable, net	31,359	4_	25,419
	5	Receivables from current and former officers, directors, trustees, key	- '		
		employees, and highest compensated employees Complete Part II of		1	
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	, , , , , , , , , , , , , , , , , , , ,	. 9 .	3
.		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	7 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 2''-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		other basis Complete Part VI of Schedule D···· 10a 245,018		6	
	b	Less accumulated depreciation · · · · · · · · · 10b 54,483	195,018	10c	190,535
	11	Investments - publicly traded securities	, , , ,	11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·	1,298,281	16	1,297,109
	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·	2,865	17	2,078
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a h	21	Escrow or custodial account liability. Complete Part IV of Schedule D · · · · · · ·		21	
ĭ	22	Payables to current and former officers, directors, trustees, key			2011年第四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
!		employees, highest compensated employees, and disqualified		د بازار شده ک	
t		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
S	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total Irabilities. Add lines 17 through 25	2,865	26	2,078
		Organizations that follow SFAS 117, check here			
N F e u		complete lines 27 through 29, and lines 33 and 34.	The second of the second	:	
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 ▶ 🗓		r	
e I ta		and complete lines 30 through 34.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.	The Control of the Co
s n	30	Capital stock or trust principal, or current funds		30	
o e	31	Paid-in or capital surplus, or land, building, or equipment fund	L	31	
o e :	32	Retained earnings, endowment, accumulated income, or other funds		32	1,295,031
	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·		33	1,295,031
	34	Total liabilities and net assets/fund balances	1,298,281	34	1,297,109

Pai	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		300,6 300,9			
2							
3	Revenue less expenses Subtract line 2 from line 1	3		<u>`</u>	385)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	295,4	116		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6	1,2	295,0	)31		
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	• •			·		
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			, * -			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			· .	- <,		
	Schedule O		<b>1</b>		ورق كار		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · · 2a	X			
b	Were the organization's financial statements audited by an independent accountant?		· · · 2b		X		
¢	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in		-4 -2	3-3-,7	F (1)		
	Schedule O			Car			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		13,75.5		1 - 15 - 1		
_	issued on a separate basis, consolidated basis, or both		**************************************		2 4 1 2 4 2 1		
	Separate basis X Consolidated basis Both consolidated and separate basis		77, % 3 5/2, G.S				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		] 3/2"	121 at	-4-22/2/2 		
	the Single Audit Act and OMB Circular A-133?		3a		Х		
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		<sub>3b</sub>				
			لمتتحل حسم	990 (	2010)		
	EEA		1 01111	330 (	2010)		

64-0295384 '

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Form 990 (2010)

IBEW LOCAL UNION 917

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

#### **Political Campaign and Lobbying Activities**

2010

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

Inspection.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

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

- 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-FZ, Part V, line 35a (Proxy Tax), then

	organization answered res, to rolling		JIIII 330-LZ, Fait	v, mie ood (i roxy rux),	anen.
	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
	of organization				entification number
IB	EW LOCAL UNION 917			64-029	
Pai	<u>t I-A Complete if the organi</u>	zation is exempt under section	on 501(c) or is	s a section 527 orga	nization.
1	Provide a description of the organization'				
2	Political expenditures · · · · · · · ·				
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •			
Pai	t I-B: Complete if the organi	zation is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under section 4	955	• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955 · · ·	▶ \$	
3	If the organization incurred a section 495				· Yes No
4a	Was a correction made?				· Yes No
b	If "Yes," describe in Part IV				
Pa	til-C Complete if the organi	zation is exempt under section	on 501(c), exc	ept section 501(c)(3	5).
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function		
	activities · · · · · · · · · · · · · · · · · · ·			••••• \$	
2	Enter the amount of the filing organization	n's funds contributed to other organiza	tions for section		•
	527 exempt function activities			• • • • • • • ▶ \$	
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form	1120-POL,		
	line 17b				
4	Did the filing organization file Form 1120	-POL for this year? • • • • • • •		·	· Yes No
5	Enter the names, addresses and employ				
	organization made payments. For each of	organization listed, enter the amount pa	aid from the filing	organization's funds Also	enter
	the amount of political contributions rece	ived that were promptly and directly de	livered to a separ	rate political organization, s	such
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	al space is neede	ed, provide information in F	Part IV
			43.501	(0.4	(-) 4
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)			· · · · · · · · · · · · · · · · · · ·	<del> </del>	
( - /					
(2)					
<b>\-</b> /					
(3)					
(5)					
(4)				<del>                                     </del>	
(4)					
/ <u>5</u> \				<del> </del>	
(5)					
<u>(6)</u>				<del>-  </del>	
(6)					

Sche	dule C (Form 990 or 990-EZ) 2010 IBEW LOCAL (	NION 917			64-029	5384 Page 2
Pa	rt II-A Complete if the organization	on is exempt ur	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).	<u> </u>			•	
4	Check   (if the filing organization belongs)	to an affiliated group	0			
3	Check   if the filing organization checked	box A and "limited	control" provisions a	oply		
	Limits on Lo	bbying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts p	aid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying) · · · ·			
b	Total lobbying expenditures to influence a legi-	slative body (direct le	obbying) • • • • •			
C	Total lobbying expenditures (add lines 1a and	1b) • • • • • • •	• • • • • • • • • •			
d	Other exempt purpose expenditures · · · ·		• • • • • • • • • •			
е	Total exempt purpose expenditures (add lines	1c and 1d) • • • •	• • • • • • • • • •			
f	Lobbying nontaxable amount. Enter the amount	nt from the following	table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amour	nt is :	22 24 4	
	Not over \$500,000	20% of the an	nount on line 1e			医格尔氏试验 计
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	1.4	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	1.16	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000	30	
	Over \$17,000,000	\$1,000,000			1 80 ( ) 25 2 - 35 . 1	
g	Grassroots nontaxable amount (enter 25% of I	ine 1f) • • • • • •				
h	Subtract line 1g from line 1a If zero or less, er	nter -0- • • • • •				
j	Subtract line 1f from line 1c If zero or less, en	ter -0-				
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization file	Form 4720		
	reporting section 4911 tax for this year? · ·					Yes No
	(Some organizations that columns bel	t made a section 5 ow. See the instruc	tions for lines 2a th	ot have to complete nrough 2f on page 4		
	Lobi	ying Expenditures	During 4-Year Ave	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	( <b>b</b> ) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
b c	Lobbying ceiling amount					
	Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures	Since the later of the second			And the State of t	
С	Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount					

64-0295384 Schedule C (Form 990 or 990-EZ) 2010 IBEW LOCAL UNION 917 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) Yes No Amount 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 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Mailings to members, legislators, or the public? . . . . . d Publications, or published or broadcast statements? ....... е a h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . . . If "Yes," enter the amount of any tax incurred under section 4912 ............. If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . . . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . . . . . . . . . **强烈的** 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 1 1 Х 2 2 X Did the organization agree to carryover lobbying and political expenditures from the prior year? ...... 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." Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). а Carryover from last year .................. b 2c C Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · 3 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 4 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information 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

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No\* 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

Name	of the organization	Employer identification number
IBF	W LOCAL UNION 917	64-0295384
Par		Accounts. Complete if
- 41	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · ·	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contri	conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements · · · · · · · · · · · · · · · · · · ·	2a
b	Total acreage restricted by conservation easements · · · · · · · · · · · · · · · · · · ·	2b
С	Number of conservation easements on a certified historic structure included in (a) · · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during
	the tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	year year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	inat describes
	the organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	and halance sheet works of
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
		ice of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	t balance shoot works of art
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
		or public service,
	provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	iii, provide die
_	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	<b>.</b> ¢
a	Assets included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
b	Assets included in Futil 330, Fall A	

C-14	IBEW LOCAL UNIO	N 917			64-029	95384 Page 2
			A-4 Historias	I Transcriptor		
	t III Organizations Maintaining Using the organization's acquisition, accession,					SSE(S (Continued)
3		and other records,	check any or the	tonowing that are	e a significant use of its	
	collection items (check all that apply)	, CJ				
а	Public exhibition	==	n or exchange pro	ograms		
þ	Scholarly research	e [ Oth	er			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ctions and explain h	now they further th	ne organization's	exempt purpose in	
	Part XIV					
5	During the year, did the organization solicit or re					
	assets to be sold to raise funds rather than to b					· · · L Yes L No
Par	TIV Escrow and Custodial Arra	ngements. <sup>Con</sup>	nplete if organizat	tion answered "Y	es" to Form 990,	
	Part IV, line 9, or reported an amoun	t on Form 990, Part	t X, line 21			
1a	Is the organization an agent, trustee, custodian					
	included on Form 990, Part X?				• • • • • • • • • • •	· · · 🗌 Yes 📗 No
b	If "Yes," explain the arrangement in Part XIV ar	d complete the follo	owing table			
		•				mount
С	Beginning balance				- 1c	
d	Additions during the year					
е	Distributions during the year · · · · · · ·				· 1e	
f	Ending balance · · · · · · · · · · · · · · · · · · ·				· 1f	
2a	Did the organization include an amount on Form					· · · Yes No
b	If "Yes," explain the arrangement in Part XIV					
Par		if the organization a	nswered "Yes" to	Form 990. Part	IV. line 10	
<u> </u>	Lindownient i dinds.	(a) Current year	(b) Pnor year	(c) Two years		k (e) Four years back
1a	Beginning of year balance	(2) 04	(5) (1151 )501	(4) 3117,0015	1950年最終人	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
b	Contributions			<del></del>	150 150 160 160	
C	Net investment earnings, gains, and losses				C. (2.745)	5148 Jerze 58
d	Grants or scholarships · · · · · · · · ·			<del>                                     </del>	1983	
e	Other expenditures for facilities			<del>-  </del>	1 9 to 2 10 10 10 10 10 10 10 10 10 10 10 10 10	5 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·	and programs · · · · · · · · · · · · · · · · · · ·					
f	Administrative expenses					200 (2.01) 200 (2.01)
	End of year balance	· <del>- · · -</del>			1.00 1 2.75 5.75 4.75 4.75 1.75 1.75 1.75 1.75 1.75 1.75 1.75 1	The state of the s
g	Provide the estimated percentage of the year e	ad balanca bald as	L		1. 1.55 TAP. 1.55	24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	Board designated or quasi-endowment					
a		%				
D						
C			45 .4 5		for the	
3a	Are there endowment funds not in the possessi	on or the organizati	on that are new a	ino auministereo	ioi trie	IV.s No
	organization by					Yes No
	(i) unrelated organizations · · · · · · ·					· · 3a(i)
	(ii) related organizations · · · · · · · ·					· · 3a(ii)
þ	If "Yes" to 3a(ii), are the related organizations in				• • • • • • • • • • • •	· · 3b
4	Describe in Part XIV the intended uses of the o					
Pa	rt VI Land, Buildings, and Equip	ment. See Form	990, Part X, line	10		
	Description of investment	(a) Cost or oth	er basis (b)	Cost or other	(c) Accumulated	(d) Book value
		(investm	ent) b	pasis (other)	depreciation	mr:
1a	Land	• • •		181,751		181,751
b	Buildings · · · · · · · · · · · · · · · · · · ·	• • •				
С	Leasehold improvements · · · · · · · · · · · · · · · · · · ·					
d	Equipment			63,267	54,483	8,784
е	Other					
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, column (B), lin	e 10(c)) · · ·		190,535

Page 3

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial of	lerivatives · · · · · · · · · · · · · · · · · · ·		
(2) Closely-he	Id equity interests	•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(I)			
	b) must equal Form 990, Part X, col (B) line 12)		150 , 1
Part VIII		See Form 990, Part X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	···		
(8)			
(9)		<del></del>	
(10)			
	b) must equal Form 990, Part X, col (B) line 13)	0.15	A STATE OF THE STA
Part IX	Other Assets. See Form 990, Part X, Im		
(1)	(8)	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			·
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line		
Part X	Other Liabilities. See Form 990, Part X,	1	
1.	(a) Description of liability Income taxes	(b) Amount	一直流動 经保险公司债
	income taxes		
(2)			<u> </u>
(4)			
(5)			<b></b>
(6)			
(7)			
(8)			
(9)			
(10)			7
(11)			
	b) must equal Form 990, Part X, col (B) line 25 )		
2 EIN 40 /AG	C 740) Footpoto In Bort VIV.	Calco Control to the agreements	in's Empreyal at the seconds the

Sched	ule D (Form 990) 2010 IBEW LOCAL UNION 917	64-0295384 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · ·	10
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return
1	Total revenue, gains, and other support per audited financial statements • • • • • • • • • • • • • • • • • • •	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	165
а	Net unrealized gains on investments · · · · · · · · · · · · · 2a	
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2b	<b>」</b> ♂ ↓
C	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •	To make the state of
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	
a b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	
C	Other losses · · · · · · · · · · · · · · · · · ·	
d	Other (Describe in Part XIV)	<del>-</del>
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	2
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Pa	rt XIV Supplemental Information	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	1
this	part to provide any additional information	

#### SCHEDULE O (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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number IBEW LOCAL UNION 917 64-0295384 01. Members or stockholder classes and rights (Part VI, line 6) The Internaltional Brotherhood of Electrical Workers Local Union 917 is a labor union that is comprised of members that pay dues for representation. 02. Member election for additional members (Part VI, line 7a) All the members have the right to nominate and elect the governing body of the IBEW Local Union 917. 03. Governing body decisions (Part VI, line 7b) All decisions outside of the normal operations of business are subject to member approval at a union meeting. The IBEW Local 917 meets semi-monthly. 04. Form 990 governing body review (Part VI, line 11) The President and Treasurer review the 990 before filing. A copy is provided to the executive board at which time they review and accept the return. 05. Conflict of interest policy compliance (Part VI, line 12c) The IBEW Local 917 follows the rules and regulations required by the U S Department of Labor relating to conflicts of interest. They also have policies in their constitution and bylaws 06. CEO, executive director, top management comp (Part VI, line 15a) The union membership determines the pay of the officers through their bylaws which is based on the job description. They use neighboring unions payroll information as a comparison.

EEA

Schedule O (Form 990 or 990-EZ) (2010)		Page 2
Name of the organization	Employer identification number 64-0295384	
IBEW LOCAL UNION 917	64-0293364	
•		
•		
OZ Other officer or how are level compared top (Part VI lane 15h		
07. Other officer or key employee compensation (Part VI, line 15b		
The union membership determines the pay of the officers through their bylan	ws which is	
based on the job description. They use neighboring unions payroll information	cion as a	
comparison.		
00 Communication and a smallest to much a Chart W. Long 10)		
08. Governing documents, etc, available to public (Part VI, line 19)		
The IBEW Local Union 917 follows the Public Information Act which requires	the governing	
documents, financial information, and 990 be available to the public.		
	·	
		_
		***

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2010

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Attachment Sequence No 67

Name	(s) shown on return		Busin	ess or activity to which	this form relates			Identifying number
IBE	EW LOCAL UNION 91	7	_   1	FORM 990	- 1			64-0295384
Pa	t I Election To Expens	e Certain Pro						
	Note If you have any list				rt I			
1	Maximum amount (see the instruc	ctions) - · · ·				• • •	1	
2	Total cost of section 179 property	placed in service	(see instructions)				2	
3	Threshold cost of section 179 pro	perty before redu	ction in limitation (s	ee instructions)			3	
4	Reduction in limitation Subtract li	ne 3 from line 2	If zero or less, ente	г-0-			4	
5	Dollar limitation for tax year Subti	ract line 4 from lir	ne 1 if zero or less,	enter -0- If marri	ed filing			
	separately, see instructions · · ·						5	
6	(a) Description of p	property	<b>(b)</b> C	ost (business use only)	(c) Elec	cted cost		1 4 4 6 7 5
7	Listed property Enter the amount	from line 29 ·		7	<u> </u>			and and its Birthey
8	Total elected cost of section 179	property Add am	ounts in column (c),	, lines 6 and 7 ·			8	
9	Tentative deduction Enter the sm						9	
10	Carryover of disallowed deduction	-					10	
11	Business income limitation Enter	the smaller of bu	siness income (not	less than zero) o	r line 5 (see instr	ructions)	11	
12	Section 179 expense deduction A	Add lines 9 and 10	), but do not enter n	nore than line 11		• • •	12	
13	Carryover of disallowed deduction							是一个基础设施。
	: Do not use Part II or Part III belo				<del></del>			
Pai						sted pro	perty	) (See instructions )
14	Special depreciation allowance fo		ty (other than listed	property) placed	in service			
	during the tax year (see instruction	•		• • • • • • • •		• • •	14	
15	Property subject to section 168(f)(	' '	• • • • • • • • • •	• • • • • • • •	• • • • • • •	• • •	15	
16	Other depreciation (including ACF	<u> </u>	·-·	• • • • • • • •	<del></del>	• • •	16	100
Pai	rt III MACRS Depreciati	on (Do not inc	lude listed property	) (See instruction	ıs)			
		<del></del>	Section		. =			
17	MACRS deductions for assets pla					• • •	17	2,608
18	If you are electing to group any as	•	•	•	-	<u></u>		
	asset accounts, check here · ·						:	N 67
	Section B - Asset	(b) Month and	ice During 2010 Ta (c) Basis for depreciate		e General De	preciatio	эп Бу	stem
	(a) Classification of property	year placed in service	(business/investment us only-see instructions)		(e) Convention	(f) Met	nod	(g) Depreciation deduction
19a	3-year property				-		•	
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g				1 i				
h	25-year property	<u>'</u>		25 yrs		S/L		
	25-year property Residential rental	·		25 yrs 27 5 yrs	MM	S/L		
		- ′			MM MM			
i	Residential rental			27 5 yrs		S/L		
i	Residential rental property			27 5 yrs 27 5 yrs	ММ	S/L S/L		
i	Residential rental property Nonresidential real property Section C - Assets	Placed in Servi	ce During 2010 Ta	27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/L S/L S/L		iystem
	Residential rental property Nonresidential real property Section C - Assets Class life	Placed in Servi	ce During 2010 Ta	27 5 yrs 27 5 yrs 39 yrs x Year Using the	MM MM MM	S/L S/L S/L S/L Deprecia	tion S	System
	Residential rental property Nonresidential real property Section C - Assets Class life 12-year	Placed in Servi	ce During 2010 Ta	27 5 yrs 27 5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L Peprecia S/L	tion S	System
20a b	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year		ce During 2010 Ta	27 5 yrs 27 5 yrs 39 yrs x Year Using the	MM MM MM	S/L S/L S/L S/L Deprecia	tion S	System
20a b	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instru	uctions )	ce During 2010 Ta	27 5 yrs 27 5 yrs 39 yrs x Year Using the	MM MM MM Alternative D	S/L S/L S/L S/L Peprecia S/L	tion S	System
20a b c Pa	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instruction of the content of the	uctions ) m line 28 · · ·		27 5 yrs 27 5 yrs 39 yrs x Year Using the 12 yrs 40 yrs	MM MM Alternative D	S/L S/L S/L S/L S/L S/L S/L	tion S	System 1,775
20a b c Pa	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructive of the content of the	uctions ) om line 28		27 5 yrs 27 5 yrs 39 yrs  x Year Using the 12 yrs 40 yrs	MM MM Alternative D MM  MM	S/L	tion S	1,775
20a b c Par 21	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructive of the content of the	uctions ) om line 28 · · · lines 14 through ur return Partner	17, lines 19 and 20 ships and S corpora	27 5 yrs 27 5 yrs 39 yrs  x Year Using the 12 yrs 40 yrs  in column (g), anations - see instru	MM MM Alternative D MM  MM	S/L	tion S	
20a b c Pa	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructive of the content of the	uctions ) om line 28 · · · lines 14 through ur return Partner	17, lines 19 and 20 ships and S corpora	27 5 yrs 27 5 yrs 39 yrs  x Year Using the 12 yrs 40 yrs  in column (g), anations - see instru	MM MM Alternative D MM  d line 21 Entections	S/L	tion S	1,775
20a b c Par 21	Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructive of the content of the	uctions ) om line 28 · · · lines 14 through ur return Partner	17, lines 19 and 20 ships and S corpora	27 5 yrs 27 5 yrs 39 yrs  x Year Using the 12 yrs 40 yrs  in column (g), anations - see instru	MM MM Alternative D MM  d line 21 Entections	S/L	tion S	1,775

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

. Note. For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, colu	mns (a) through	(c) of Section	on A, ali⊲	of Section	on B, ai	nd Sectio	n Cıfap	plicable						
	Section A - Dep	reciation and C	Other Inform	nation (C	aution	See th	ne instruc	tions for	limits for	passer	ger aut	omobile	s)		
24a	Do you have evidence						Yes	No	24b If "					Yes	s No
	(a)  Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) other basis		(e) isis for depr usiness/inve use on	ecation estment	(f) Recovery penod	Met	(g) hod/ enlion	Depi	(h) reciation fuction	Ele secti	(i) ected on 179 cost
25	Special depreciation	on allowance for		ed prop	erty plac	ed in s		<del></del>	· <b>!</b> .				-	<b>-</b>	<del></del>
	the tax year and u	sed more than 5	0% in a qua	lified bus	iness u	se (see	instructi	ons) ·			. 25			3	•
26	Property used mo	re than 50% in a	qualified bu	siness u	se										
20	08 FORD	20070803	100 %	16	,161		16,1	61	5	S/L-	HY	_	1,775	.	
			%		1							<u> </u>			
			%								•				
27	Property used 50%	% or less in a qua	alified busine	ess use					•					•	
			%							S/L-				7 7	-3
			%							S/L-				1,000	, <sup>7,5</sup> 1 s
			%							S/L-				7.7 4	* .
28	Add amounts in co	olumn (h), lines 2	5 through 2	7 Enter	here an	d on lin	e 21, pag	ge 1 ·			· 28	7	1,775	그之 .	33.
29	Add amounts in co	olumn (ı), line 26	Enter here	and on I	ine 7, pa	age 1							29		
		•		Section	B - Info	rmatic	n on Us	e of Vel	nicles						
Coi	mplete this section	for vehicles used	d by a sole p	roprieto	r, partne	r, or ot	her "more	e than 5°	% owner,	or rela	ted pers	son If y	ou provid	ed vehic	es
to y	our employees, firs	st answer the qu	estions in Se	ection C	to see ıt	you m	eet an ex	ception	to comple	eting thi	s sectio	n for the	se vehic	les	
	•			(a	3)		<b>(</b> b)	(	(c)	(0	1)	(	(e)	(	T)
30	Total business/inve	estment miles dr	iven during	Vehic	le 1	Veh	ıcle 2	Vehi	cle 3	Vehic	le 4	Vehi	icle 5	Vehic	le 6
	the year (do not in	nclude commutin	ig miles) •									L			
31	Total commuting n	nıles driven durir	ng the year												
32	Total other person	al (noncommutir	ng) miles												
	driven · · · · ·	· · · · · · · ·										<u> </u>			
33	Total miles driven	during the year	Add lines												
	<b>30</b> through 32 •														
34	Was the vehicle a	vailable for perso	onal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hou	urs?	• • • • • •												
35	Was the vehicle us	sed primarily by	a more												
	than 5% owner or	related person?										<u> </u>			
36	Is another vehicle	available for per	sonal use?				<u> </u>	l				<u> </u>			
			<ul> <li>Questions</li> </ul>							-	-	-			
	swer these question		•	•		omplet	ing Section	on B for	vehicles	used by	employ	ees wh	o are not	t	
	re than 5% owners		<del>`</del>												1
37	Do you maintain a	written policy st	atement tha	t prohibit	s all per	sonal ı	use of ve	hicles, ir	icluding c	ommuti	ng, by		,	Yes	No
	your employees?										• • • •		• • • • •		
38	Do you maintain a			•					•	_			j		
	employees? See t									e owner	·s		• • • •		
	Do you treat all us	•		•									• • • •		
40	Do you provide mi		-					•		ees abo	ut the				
	use of the vehicles												• • • •		
41	Do you meet the r	•	• .					-							L
	Note. If your answ		40, or 41 is	Yes, c	o not co	mplete	Section	B for the	covered	venicie	S			• •	<u>.                                      </u>
P	art VI Amort	ization			<del></del>										
	(a) Description o	f costs	Date amo	<b>b)</b> ortization gins		Amortiza	(c) ble amount		(d) Code sed	ction	(e Amortiz penod percen	ation for	Amortizat	(1) Jon for this	year
42	Amortization of co	sts that begins o	during your 2	010 tax	year (se	e instri	ictions)								
					Т										
					1										
43	Amortization of co	sts that began b	efore your 2	010 tax	year ·					• • • •		43			
44	Total. Add amoun	its in column (f)	See the inst	tructions	for whe	re to re	port · ·		<u></u>			44			
FF/	Δ								-				Fr	rm 456	2 (2010)

* Iten of dui	* Item was disposed of during current year		'€			۵	Depreciation Detail Listing	iation Detail L	tail Listi	bu				2010 PAGE 1	10 1.
Name	Name(s) as shown on return						For your records only	record	ls only				Social	Social security number/EIN	
н	IBEW LOCAL UNION 917													64-0295384	
- S	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
	OFFICE FURNITURE	19970101	959		100.00		959	2		0		959			
0	OFFICE FURNITURE	19980331	6,284		100.00	-	6,284 7	_		0		6,284			
m	COMPUTER	19990701	5,991		100.00		5,991	ر د		0		5,991			
4	7 1/2 TON AIR UNIT	20000718	6,896		100.00		968'9	7		0		968'9			
ທ	TOSHIBA COPIER	20010713	2,737		100.00		2,737 5	ري ا		0		2,737			
ω	COMPUTER EQUIPMENT	20030504	006		100.00		006	ر ک		0					
7	SIGN	20051019	700		100.00		700	•	S/L MQ	14.286					100
œ	2006 FORD	20060315	20,886		100.00	,	20,8865		200 DB HY	11.52	2,406				3,200
on	2008 FORD	20070803	16,161		100.00		16,1615	2	S/L HY	50	H	9,473			1,775
10	OFFICE EQUIPMENT	20060501	1,753		100.00		1,753		200 DB НҮ	11.52	202	1,700			165
	Totals		63,267				63,267	<del> -</del>			4,483	54,483			5,240
		1										Ì			

ST ADJ:

63,267

Land Amount Net Depreciable Cost