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Department of the Treasury Internal Revenue Service

Short Form

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

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

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

OMB No 1545-1150

2010

Α	F	or th	ne <mark>2010</mark> ca <u>lend</u>	lar year, or tax year beginning	8/01 , 20	010, and ending	7/31	,	2011
В	_ CI	heck i	f applicable C					D Employer idea	ntification number
	_ A	ddres	s change Int	tl. Brotherhood of Ele	c. Workers #386			71-605	7398
Ţ] N	ame c		O. Box 503				E Telephone nur	mber
-	=	itial re		xarkana, TX 75504				903-22	3-5765
F	=	ermin:	· ·						
İ	=		ed return tion pending					F Group Exe Number	mption >
G	Α	ccol	unting Method	X Cash Accrual Other (s	specify) -		H Check	<▶ 🗓 if the o	organization is not
ı	V	/ebs	ite: • <u>N/A</u>		· · · · · · · · · · · · · · · · · · ·			ed to attach So 190-EZ, or 990-	chedule B (Form
J			empt status (ck o			47(a)(1) or 527	1		
K				organization is not a section 509(a)					
	\$	50,0	00. A Form 99	0-EZ or Form 990 return is not recest to file a return, be sure to file a	juired though Form 990-N complete return	(e-postcard) ma	ay be requ	ired (see instru	ictions) But if the
-		-			•	¢200 000		.6 1-1-1	
L	a	aa i sset	s (Part II, line	nd 7b, to line 9 to determine gross 25, column (B) below) are \$500,00	1000 or more, file Form 990	instead of Form	990-EZ	" total ► \$	126,401.
T T				Expenses, and Changes in					r Part I.)
			•	organization used Schedule O to r					X
Т	Т	1	Contributions,	gifts, grants, and similar amounts	received			1	
		2	Program servi	ice revenue including government	fees and contracts			2	
	1	3	•	dues and assessments				3	125,407.
	1	4	Investment in					4	994.
	1	5a		t from sale of assets other than inv	ventory	5a			
				other basis and sales expenses	,	5b			
				m sale of assets other than inventory (Subtr	act line 5h from line 5a)	L-3-2		5 c	
				undraising events	and the out the out				
	Ŗ			from gaming (attach Schedule G	of greater than \$15,000)	6a			
	REVENU			from fundraising events (not inclu		of contrib	utions		
	E			ing events reported on line 1) (atta			attoris		
	Ĕ		of such gross	income and contributions exceeds	\$15,000)	' 6ь			
		С	Less: direct ex	xpenses from gaming and fundrais	ing events	6c			
		Ч	Net income or	r (loss) from gaming and fundraisir	ng events (add lines 6a ar	nd			
		_	6b and subtra	ict line 6c)	ig events (add intes ed al			6d	
		7 a	Gross sales of	f inventory, less returns and allowa	ances	7a			
		b	Less: cost of	goods sold		7Ь		200 S 20	
		С	Gross profit of	r (loss) from sales of inventory (Su	ubtract line 7b from line 7	a).		7с	
		8	Other revenue	e (describe in Schedule O)				8	
	W	99	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8	1		▶ 9	126,401.
_		10	Grants and si	mılar amounts paid (list in Schedu	EPICEIVELL.	See Sched	ule O	10	38,575.
1	23	11	Benefits paid	to or for members	The state of the s	<u> </u>		11	
-	Ĕ	12	Salaries, othe	r compensation, and emplovee∤be	nefits 2011	51		12	32,191.
B		13	Professional f	ees and other payments to indepe	ndent contractors.	名)		13	9,916.
	ð	14	Occupancy, re	ent, utilities, and maintenance	Commence of the second			14	
		15	Printing, publi	ications, postage, and shipping	TOTAL III.			15	70.
	بالة	16		es (describe in Schedule O)		See Sched	ule O	16	59,918.
	Ţ	17	Total expense	es. Add lines 10 through 16				▶ 17	140,670.
6	્ર	18		ficit) for the year (Subtract line 17	from line 9)			18	-14,269.
	⊋	19	Not accete or	fund balances at beginning of yea	r (from line 27 column (A	1)) (must sares :	with and at	-vear	
٩ E	S	13	figure reporte	d on prior year's return)	. (110111 11115 Z7, COIUITIII (F	Ty) (illust agree v	with elia-o	19	96,080.
Ĩ	9⋒ ASSET	20	•	s in net assets or fund balances (e	explain in Schedule O)			20	<u></u>
		21	_	fund balances at end of year. Con	· ·			▶ 21	81,811.
E	BAA	Fo	Paperwork R	eduction Act Notice, see the separ	rate instructions.				Form 990-EZ (2010)

Par	Balance Sheets. (see the Ins Check if the organization used Sche		estion in this Part I	1			X
	Orleck if the organization used bene	cadic o to respond to any qu	CSCION III CIIIO I CII I	(A) Beginnir	ng of year	ir	(B) End of year
22	Cash, savings, and investments				5,422.		84,002.
23	Land and buildings					23	
24	Other assets (describe in Schedule O))			24	
25	Total assets			90	5,422.	25	84,002.
26	Total liabilities (describe in Schedule O)	See Schedule O)		342.		2,191.
	Net assets or fund balances (line 27 of o				5,080.	27	81,811.
Per	Statement of Program Serv						Expenses
	Check if the organization used Sc		question in this Par	t III	X	(Requ	uired for section c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? See	Schedule O	ocos In a clear an	d conciso mar		orgar	nizations and section
desc	cribe what was achieved in carrying out the cribe the services provided, the number of	persons benefited, and other	r relevant informati	on for each	11161,		(a)(1) trusts, optional thers)
	ram title	nion mombous				- 1	
28	Service and benefits to u	nion_members					
	\$38,575 was paid to IBEW	for per capita due	. -			1	
		is amount includes foreign gr			╌┈	28 a	38,575.
29	(Grants 4) if the	S difficult interacts for eight gr	ditto, dilean tiere				
						ł	
			.			1	
	(Grants \$) If the	is amount includes foreign gr	ants, check here		-	29 a	
30]		
]		
		is amount includes foreign gr	ants, check here			30 a	
31	Other program services (describe in Sch	•					
20		is amount includes foreign gr	ants, check here			31 a	38,575.
	Total program service expenses (add line). List of Officers, Directors,		Novace List and a	no oven if not con	anone stad		
<u>II</u> ai	Check if the organization used So				ipensateo	(see u	ne instructions for Part (v.)
	Cricer if the diganization used of	(b) Title and average hours			tributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)) employee b			and other allowances
T	ff Hale	to position Asst Bus. Mgr	4,28		compensat	0 .	549.
	Box 1251	5.00		,,,,		0.	547.
	lanta, TX 75551	3.00					
	ke Carter	Secretary	4,28	39.		0.	0.
	7 Box 2445H	5.00	· ·				
	xarkana, AR 71854						
	inton Humphrey	Treasurer	5,20)9.		0.	150.
	9 Blocker Lane	5.00					
	sh, TX 75569						
<u>St</u>	an Stamps	President	14,14	18.		0.	0.
	250 JC Ivy Rd	5.00					
Sp	ringdale, AR 72762						
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BA	4	TEEA0812L (02/18/11				Form 990-EZ (2010)

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Page 2

Form 990-EZ (2010) Intl. Brotherhood of Elec. Workers #386

Form	990-EZ (2010) Intl. Brotherhood of Elec. Workers #386 71-60573	398	Р	age 3
Par	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		1	
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description each activity in Schedule O	of 33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflea a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	ect 34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 a		<u>X</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	O.		
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
ь	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
39	amount involved Section 501(c)(7) organizations Enter	/A	200	
	1111	/A		
	Gross receipts, included on line 9, for public use of club facilities 39b No.	<u>/A</u>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A			
	section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	₇		
L	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
		o.		
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42 8	The organization's books are in care of ► Thomas & Thomas, LLP Telephone no ► (903) Located at ► 2900 St. Michael Drive Texarkana TX ZIP + 4 ► 7550		<u>-347</u> 	' <u>7</u>
ı	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)? If 'Yes,' enter the name of the foreign country	42b	Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 ь		<u>X</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	<u>X</u>
(If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
BAA		Form 99 0)-EZ (2010)

Yes No No No No No No No N	Form 990-E	Z (2010) Int	1. Brotherhood	of Elec.	Workers	s_#386		71-6057	7398	P	age 4
a Dot the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13) if Vies, From 930 and Schedule R may need to be completed instead of Form 990.E2 (see mind) 450 But the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to 150 But the organizations are page, directly or indirectly, in political campaign activities on behalf of or in opposition to 150 But the organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete shedule 0 to respond to any question in this Part VI 470 Did the organization and sociol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II 48 is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 But the organization make any transfers to an exempt non-charitable related organization? 493 Did the organization make any transfers to an exempt non-charitable related organization? 493 Did the organization make any transfers to an exempt non-charitable related organization? 493 Did the organization of the whighest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization of them showed the position of the organization of the properties of each independent contractor paid more than \$100,000 of compensation from the organization of the properties of each independent contractor paid more than \$100,000 of compensation from the organization of the properties of each independent contractor paid more than \$100,000 of compensation from the organization of the engage of the properties of each independent contractors each r										Yes	
a but the organization factors of the promises and schedule and the displacement of the promises and schedules are the promises of the promise									-	15 Miles (23)	
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization as expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization of the organization is expressed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 40 and the organization of Internation 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 40 and the organization of Internation 170(b)(1)(A)(ii)? If "Yes," complete Schedule A (Ii) Internation 170(b)(Ii)(A)(ii)? If "Yes," complete Schedule A (Ii) Internation 170(b)(Ii)(A)(ii)? If "Yes," complete Schedule A (Iii) Internation 170(b)(Iii)(A)(iii)? If "Yes," complete Schedule A (Iii) Internation 170(b)(Iii)(A)(Iii)(Iii)(A)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(A)(Iii)(a Did the of sec	e organization :tion 512(b)(13)	receive any payment froi)? If 'Yes,' Form 990 and	n or engage Schedule R	n any trans may need t	saction with a be complete	ed instead	d entity within the meani d of Form 990-EZ (see in:	st) 45a		X
Section 501(c/3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47.49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Did the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 a bright the organization as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter 'None' (a) Name and address of each employee paid of the proach. 50 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of other employees and key employees. (b) Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of the organization of the organization of the organization if there is none, enter 'None' (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization of the organiz	46 Did th	e organization	engage, directly or indire	ctly, in polit	ical campaig	ın actıvıtıes oı	n behalf c	of or in opposition to			
\$ 10 (c) (3) organizations and section 4947(a) (1) nonexempt charitable trusts must answer questions 47-499 and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization a school as described in section 170(b)(1)(A)(u)? If 'Yes,' complete Schedule E 48 Is the organization asked on section 170(b)(1)(A)(u)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of complete Schedule A (a) Name and address of eich employee paid over \$100,000 of complete Schedule A (b) Complete this table for the organization's five highest compensation from the organization If there is none, enter None of the organization and the schedule A (c) Complete this table for the organization's five highest compensated in dependent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None of compensation from the organization in the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor pad more than \$100,000 of compensation from the organization of each independent contractor each receiving over \$100,000 of compensation from the organization of each independent contractor each	candid	Section 50	c office / if Yes, complete (1(c)(3) organizations	s and sect	tion 4947(a)(1) none	xempt c	haritable trusts only		ction	
Check if the organization used Schedule O to respond to any question in this Part VI Yes No	production and the second	501(c)(3) o	organizations and sec	ction 4947	(a)(1) nor	exempt ch	arıtable	trusts must answer	questioi	าร	
A			•								
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 and the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid excelled to position excelled to position excelled to position of the program of the program of the employees of the employees paid over \$100,000 of compensation from the organization from the organization of the employees of the employees paid over \$100,000 of compensation from the organization from the organizati		Check if the o	organization used Schedu	le O to resp	ond to any o	uestion in thi	s Part VI			Vac	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a Dif Yes," was the related organization as section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of if there is none, enter None? (a) Name and address of each employee paid horse the section of the section of the organization of the section of th	47 Did th	e organization	engage in Johhving activ	ities? If 'Yes	' complete	Schedule C. F	Part Ⅱ		47	162	NO
b If 'Yes,' was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each employee paid (b) Title and average devoted to position (c) Compensation (d) Contributions to employee other allowances other allowances. 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Contributions to employee (entered compensation other allowances) other allowances other allowances of the received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Contributions to employee deferred compensation (entered compensation of the received more than \$100,000 of compensation (entered compensation of the received more than \$100,000 of compensation (e)		_	•					dule E	<u> </u>		
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empfoyees) who each received more than \$100,000 of compensation from the organization if there is none, enter None* (a) Name and address of each employee paid more than \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each receiving over \$100,000 p Total number of other independent contractors each recei											<u> </u>
(a) Name and address of each employee paid more than \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 Tomplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors paid more than \$100,000 b Total number of other independent contractors paid more than \$100,000 b Total number of other independent contractors each receiving over \$100,000 b Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 b Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 b Total number of other independent contractors each receiving over \$100,000 b Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000	50 Comp emplo	olete this table oyees) who ead	for the organization's five th received more than \$1	highest con 00,000 of co	npensated e mpensation	mployees (ot) from the orga	ner than d anization	officers, directors, trustee If there is none, enter 'N	es and key lone '		
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign	(a)	Name and address more than	of each employee paid \$100,000	` hours p	er week	(c) Compen	isation	benefit plans and	àccou	nt and	s
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign				_							
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Sign Signature of officer Date	charit	table trusts mu	ist attach a completed Sc	hedule A						; [No
Sign / 1/4/	Under penaltie true, correct, a	es of perjury, I dect and complete Dect	are that I have examined this retuing a ration of preparer (other than offi	rn, including acc cer) is based on	ompanying sche	dules and statement of which preparer	ents, and to t has any knov	tne best of my knowledge and bel wledge	iet, it is		
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Texarkana, TX 75503 Phone no (903) 831-3477		S discuss this	return with the preparer s	shown above	? See instru	ıctıons			►X Yes		No
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Texarkana, TX 75503 Phone no (903) 831-3477	May the IR	O UISCUSS THIS	return with the preparer s	SHOWIT ADOVE	: See msirt	ICTIONS			Form 99		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	මාම්ක ගැනීම්ල් මාමාලික්ලේ ද්
Name of the organization		Employer identification number
Intl. Brotherh	ood of Elec. Workers #386	71-6057398
	Part III - Organization's Primary Exempt Purpose	
Local Union	Service to Members	

2010	Schedule O - Supplemental Inf	ormation Pag
Client 33409	Intl. Brotherhood of Elec. Workers	#386 71-605
Miscellaneous Negotiation Ex	onventions, and Meetings	\$ 2,20 88 52,29
Office Expense Telephone and Travel	s Utilities	28 3,55 69 Total \$ 59,91