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Form & 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or of the Internal Private Foundation)
organizations that operate one or more hospital facilities, and certain controlling
Form 990. All other organizations with gross receipts less than \$200,000 and total Sponsoring organizations of donor advised funds organizations as defined in section 512(b)(13) must file form 990. All other organizations with gross receipts less than \$200,000 and 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. Internal Revenue Service 2010 For the 2010 calendar year, or tax year beginning and ending SEP 30, 2011 В Check if applicable C Name of organization D Employer identification number LABOR MANAGEMENT JOINT COMMITTEE FOR THE Address change PAUL ELECTRICAL CONSTRUCTION INDUSTRY 41-1632763 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 5882 BLACKSHIRE PATH 100 (651) 224-3377 Terminated City or town, state or country, and ZIP + 4 F Group Exemption INVER GROVE HEIGHTS, MN Application pending Number > Cash X Accrual Accounting Method: Other (specify) Website: ► N/A required to attach Schedule B 501(c)(3) X 501(c) (5) **◄**(insert no.) Tax-exempt status (check only one) — 527 (Form 990, 990-EZ, or 990-PF). Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-FZ 186 067.

Pa	art I	Revenue, Expenses, and Changes in Net Assets of	r Func	Ba	ances (see the	Instructions	for Part	11.)
		Check if the organization used Schedule O to respond to any question in th	ıs Part I			_		X
	1	Contributions, gifts, grants, and similar amounts received					1	
	2	Program service revenue including government fees and contracts					2	173,029.
	3	Membership dues and assessments					3	
	4	Investment income	SE	E S	CHEDULE	0	4	173.
	5a	Gross amount from sale of assets other than inventory		5a				
	ь	Less: cost or other basis and sales expenses		5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	b from line 5a)					
	6	Gaming and fundraising events	•					
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than						
n a		\$15,000)		6a				
Revenue	b	Gross income from fundraising events (not including \$		of co	ntributions			
ш.	1	from fundraising events reported on line 1) (attach Schedule G if the sum of s	such					
		gross income and contributions exceeds \$15,000)		6b				
	С	Less: direct expenses from gaming and fundraising events		6c]	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	b and sub	tract I	ine 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances		7a				
	Ь	Less: cost of goods sold		7b		,] [
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			_		7c	
<u>S</u>	8	Other revenue (describe in Schedule O)	ŞE	E S	CHEDULE	0	8	12,865.
2012	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				. •	9	186,067.
[e	140	Grants and similar amounts paid (list in Schedule 0)	SE	E S	CHEDULE	0	10	59,840.
=	111	Benefite pard to or Ar manubers					11	
χC	12	Salaries, other dampensation, and employee benefits					12	
Expenses of D	3 3	Professional fees and other payments to Adependent contractors					13	48,101.
x be	14	Occupancy, rent, ပုဂျုံးများ ချောက်များမှာ မေးမှာ					14	
W \		Printing, publications, postage, and shipping					15	1,702.
	10	Other expenses (describe in Schedule O)	SE	E S	CHEDULE	0	16	96,572.
	173	Total expenses Add ines O through 16				•	17	206,215.
Ø	183	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	<20,148.>
Net Assets	190	Net assets or fund balances at beginning of year (from line 27, column (A))						
AS		(must agree with end-of-year figure reported on prior year's return)					19	95,013.
Net	20	Other changes in net assets or fund balances (explain in Schedule 0)					20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	74,865.
LH/	For	Paperwork Reduction Act Notice, see the separate instructions				•		Form 990-EZ (2010)

Forr	n 990-EZ (2010) ST PAUL ELECTRICAL CONSTR	RUCTION INDU	JSTRY	<u> 11 - </u>	<u> 16327</u>	<u> 63 _</u>	Page 2
Pi	art II Balance Sheets. (see the instructions for Part II.)	•					
	Check if the organization used Schedule O to respond to any question	in this Part II					X
			(A) Beginning of year	<u> </u>	(B) E	nd of ye	
22	Cash, savings, and investments	1	22,424	. 22		27	402.
23	Land and buildings			23			<u> </u>
24	Other assets (describe in Schedule 0) SEE SCHEDULE () [79,798			66,	<u>,474.</u>
25	Total assets		102,222	25		93,	876.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE () [7,209				011.
27			95,013	. 27		74,	<u>,865.</u>
Pi	art III Statement of Program Service Accomplishme	nts (see the instruction	s for Part III.)			penses	
	Check if the organization used Schedule 0 to respond to any question	n in this Part III			(Required 501(c)(3)		
Wha	at is the organization's primary exempt purpose? INDUSTRY PROMO	OTION.			organizatio		
	scribe what was achieved in carrying out the organization's exempt pu			е	4947(a)(1		optional
	services provided, the number of persons benefited, and other relevant				for others.	·)	
28	TO PROMOTE THE ELECTRICAL CONSTRUCT	TION INDUSTI	RY	ˈ	1		
	(Grants \$) If this amount includes foreign	grants, check here	> _		28a		
29							
		<u> </u>					
	(Grants \$) If this amount includes foreign	grants, check here		Ш	29a		
30							
				_			
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>		30a		
31	Other program services (describe in Schedule O)		•]			
	(Grants \$) If this amount includes foreign	grants, check here		Щ	31a		
	Total program service expenses (add lines 28a through 31a)				32		
	Total program service expenses (and mos 20a through ora)						
P	art IV List of Officers, Directors, Trustees, and Key I		one even if not compensated (s			or Part IV)
P:	art IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to respond to any question	n in this Part IV				or Part IV	·
Pa	Check if the organization used Schedule 0 to respond to any question	n in this Part IV (b) Title and average h	ours (c) Compensation	(d) Co	nstructions for	(e) E	xpense
	art IV List of Officers, Directors, Trustees, and Key I	(b) Title and average h per week devoted t	ours (c) Compensation (If not paid, enter	(d) Co	nstructions for the structions for the structions introduced for the structure of the struc	(e) E	xpense unt and
_	Check if the organization used Schedule 0 to respond to any question (a) Name and address	n in this Part IV (b) Title and average h per week devoted t position	ours (c) Compensation	(d) Co to e benef	nstructions for the structions for the structions in the struction in the struc	(e) E	xpense
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Form **990-EZ** (2010)

Page 3

Pa	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		T	<u></u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule 0	_33_	ļ	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			l
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		<u> X</u>
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 O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or		ł	
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	_35a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		Į	
	complete applicable parts of Schedule N	36	 -	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	1		
	Did the organization file Form 1120-POL for this year?	37b	-	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		}	
	in a prior year and still outstanding at the end of the tax year covered by this return?	_38a	 -	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	l		
39	Section 501(c)(7) organizations. Enter:		[
	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A	1	}	
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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?	401	NT /	_
_	If "Yes," complete Schedule L, Part I	40b	N/	<u> </u>
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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
U	organization			İ
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1	Ì	
6	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed. NONE	100	<u> </u>	
	The organization's books are in care of ► RICHARD WYNNE Telephone no. ► (651)	224	-33	77
720		507		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
Ī	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ightharpoons	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 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		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			"
	ın Schedule O	44d	L	<u> </u>
		Form 9	90-EZ	(2010)

LABOR MANAGEMENT JOINT COMMITTEE FOR THE

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.

2010 Open to Public Inspection

Name of the organization

LABOR MANAGEMENT JOINT COMMITTEE FOR THE ST PAUL ELECTRICAL CONSTRUCTION INDUSTRY

Employer identification number 41-1632763

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	173.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SALE OF SUPPLIES	12,865.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:	
AFFILIATE NAME: NLMCC	
AFFILIATE ADDRESS: P.O. BOX 758796 BALTIMORE, MD 2127	58796
PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT:	16,873.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ALL PAYMENTS UNDER \$5,000	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	32,967.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: MINNESOTA AFL-CIO	
GRANTEE ADDRESS: 175 AURORA AVENUE ST. PAUL, MN 55103	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	10,000. Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 Open to Public Inspection

Name of the organization

LABOR MANAGEMENT JOINT COMMITTEE FOR THE ST PAUL ELECTRICAL CONSTRUCTION INDUSTRY

Employer identification number 41-1632763

TOTAL INCLUDED ON FORM 990-EZ, LINE 10		42,967.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
ADVERTISING AND INDUSTRY PROMOTION		90,368.
OFFICE EXPENSE		1,209.
BONDING EXPENSE		320.
PLUS 5, QUALITY PROTECTION PROGRAM		3,391.
MEETING & TESTING REIMBURSEMENTS		340.
TOOL REPLACEMENT		944.
TOTAL TO FORM 990-EZ, LINE 16		96,572.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	79,221.	65,897.
PREPAID EXPENSE	577.	577.
TOTAL TO FORM 990-EZ, LINE 24	79,798.	66,474.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	7,209.	19,011.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

	1.10 0.000	пато црр.	ioddon ior odon rotaini.			
	are filing for an Automatic 3-Month Extension, complet	-		•		\triangleright \mathbf{X}
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of this	form).		
Do not c	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fil	ed For	m 8868.	
Electron	tic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	o file (6	months for a c	orporation
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file F	orm 88	368 to request a	n extension
of time to	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers A	Associated With	Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on th	ne elec	tronic filing of th	ns form,
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and com	plete		
Part I on	ly				_	
	corporations (including 1120-C filers), partnerships, REM come tax returns.			exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identificat	tion number
print	LABOR MANAGEMENT JOINT COMM	4ITTE	E FOR THE			
	ST PAUL ELECTRICAL CONSTRUC	CTION	INDUSTRY	4	3	
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.			
filing your	5882 BLACKSHIRE PATH, NO. 1	L 0 0				
return See instructions			ress, see instructions.			
	INVER GROVE HEIGHTS, MN 55	-				
· ·						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227		- · · · · · · · · · · · · · · · · · · ·	10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
10111 33	RICHARD WYNNE	00	POINT 0070			
	ooks are in the care of 5882 BLACKSHIRE	E PATI		E H	TS, MN 5	5076
	hone No. ► <u>(651) 224-3377</u>		FAX No. >			. —
	organization does not have an office or place of business					
If this	is for a Group Return, enter the organization's four digit (
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	<u>memb</u>	ers the extensio	n is for.
1 ire	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time unt	il		
	MAY 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
is t	for the organization's return for:					
>	calendar year or					
>	X tax year beginning OCT 1, 2010	, an	d ending <u>SEP 30, 2011</u>		<u> </u>	
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n	
2- 15 -	his application is for Corm 000 PL 000 PF 000 T 4700			1		
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or section debts are detailed as a section of the sec	or buby, e	nter the tentative tax, less any			^
_	nrefundable credits. See instructions.	•		3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•				_
	timated tax payments made. Include any prior year overp			3b	_\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	-	•			_
	using EFTPS (Electronic Federal Tax Payment System).			3c_		0.
<u>Caution</u>	. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment	instructions.

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	tension,	complete only Part II and check this b	ox .		X
Note. Only complete Part II if you have already been granted an a		•		868.	
• If you are filing for an Automatic 3-Month Extension, comple	te_only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no o	opies ne	eded).	
Name of exempt organization			Emplo	oyer identification	number
Type or LABOR MANAGEMENT JOINT COMM	ITTEE	FOR THE	'	•	
print ST PAUL ELECTRICAL CONSTRUCT			41	L-1632763	
File by the extended Number, street, and room or suite no. If a P.O. box, s					
due date for 5882 BLACKSHIRE PATH, NO. 1					
return See City, town or post office, state, and ZIP code. For a fe		tress see instructions		· · · · · · · · · · · · · · · · · · ·	
INVER GROVE HEIGHTS, MN 55	_				
	<u> </u>				
Enter the Return code for the return that this application is for (file	e a senara	ite application for each return)			0 1
the result of the result that the application is to the	o a sopaie	no application for oddin return)	•	• • • • • • •	
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01		1 7 42	427	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Form 990-BL	02	Form 1041-A	1 - 2-2-		08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04				10
		Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	matic 3-month extension on a previou	ISIV TILEC	1 Form 8868.	
RICHARD WYNNE		II #100 TWIED CDO	773 TYO	ng vo t EE0	76
• The books are in the care of 5882 BLACKSHIR	L PAT		/E n.	12, MIN 220	170
Telephone No. ► <u>(651) 224~3377</u>		FAX No. >			
If the organization does not have an office or place of busines White in the Company of the company is strongly for the company of t					<u> </u>
If this is for a Group Return, enter the organization's four digit	7				
box . If it is for part of the group, check this box	_	ach a list with the names and EINs of al	membe	ers the extension is	tor.
		T 15, 2012	CED	20 2011	
	<u> </u>				·
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	son: Initial return	Final re	tum	
Change in accounting period					
7 State in detail why you need the extension			~		
ADDITIONAL TIME IS NECESSARY			CIEN.	' INFORMAT	TON
TO FILE A COMPLETE AND ACCURA	TE RE	TURN.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any] [_
nonrefundable credits. See instructions.			8a	\$	<u> </u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	•		龍		
tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid	CONT.		
previously with Form 8868.			8b	\$	<u> </u>
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using	1		
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	<u> </u>
Signa	ature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, include	ling accom	panying schedules and statements, and to th	e best of	my knowledge and b	elief,
it is true, correct, and complete, and that I am authorized to prepare this for					
Signature Vin C. Danie Title	CAT		Date	>	