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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) Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

OMB No. 1545-1150

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Open to Public

Inten	nai Revenue		107 calendar year, or tax year beginning 7-/-07, 2007, and ending /2-3/-07, 20					
A For the 2007 calendar year, or tax year beginning $7-/-07$, 2007, and ending $/2-3/-07$								
В	Check if app	plicable.	Please C Name of organization		yer ident	lfication number		
	Address ch	-	Lebel or INTERNATIONAL BroTher HOOD of	05	6015925			
=		ame change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Teleph				nber		
=	Initial return		type. 134 Colonial AVE	1401) 3	33-5862		
=	Specific City or town, state or country, and ZIP + 4				Exempt			
=	Application		tions COMBENAND, RI 02864	Numb		>		
=	• Sectio	n 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting me	thod:	Cash Accrual		
	- 00000	(-)(-)	a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		-		
_		if the or	ganization					
ŧ	Website	e: ▶		is not required				
j	Organiza	ation type (theck only one)— Ø 501(c) (5) 4 (insert no.) ☐ 4947(a)(1) or ☐ 527	Schedule B (Fo	m 990,	990-EZ, or 990-PF).		
_			ganization is not a section 509(a)(3) supporting organization and its gross rece	eiots are normally not	nore tha	n \$25,000. A return is		
			e organization chooses to file a return, be sure to file a complete return.	, , , , , , , , , , , , , , , , , , , ,				
			7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 insta	ead of Form 990-EZ.	▶ \$	 		
	art I		Expenses, and Changes in Net Assets or Fund Balances		the ins	tructions.)		
	1		ns, gifts, grants, and similar amounts received		1	0		
	2		ervice revenue including government fees and contracts		2	. 0		
	3	•	ip dues and assessments		3	14 001.		
	4	Investmen	•		4	1.11.		
	5a		bunt from sale of assets other than inventory 5a					
	1		or other basis and sales expenses					
	b		s) from sale of assets other than inventory. Subtract line 5b from line 5a (att	ach schedule)	5c	\bigcirc		
9	6 6		ents and activities (attach schedule). If any amount is from gaming, che					
Revenue	,		enue (not including \$ of contributions	SOK TIETE >				
<u></u>	a	reported e	I C- I					
ш.	1 -		ct expenses other than fundraising expenses					
	C		e or (loss) from special events and activities. Subtract line 6b from	line 6a	6c	Ô		
	7a		es of inventory, less returns and allowances					
) 'a		of goods sold		1			
	C		fit or (loss) from sales of inventory. Subtract line 7b from line 7a	•	7c	O		
	8	-	enue (describe >		8	1548,		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u></u> ▶	9	1.5560.		
_	10	Grants ar	d similar amounts paid (attach schedule)		10	6		
	11		paid to or for members		11	4362		
œ			other compensation, and employee benefits		12	3401.		
enses	13		nal fees and other payments to independent contractors		13	4309,		
Expe	14		cy, rent, utilities, and maintenance		14	513		
ũ	15	Printing.	publications, postage, and shipping		15			
	16	Other exp	enses (describe > Reinbroid Expens + Flores for	- Fundo)	16	584		
	17	Total exp	enses. Add lines 10 through 16		17	13169		
3	18	Excess o	(deficit) for the year. Subtract line 17 from line 9		18	2391		
Š	19		s or fund balances at beginning of year (from line 27, column (A))		1 - 1	2.70		
70		end-of-ye	19	<u>2590</u>				
2	20	Other cha	inges in net assets or fund balances (attach explanation)		20	0		
	21		s or fund balances at end of year. Combine lines 18 through 20 .		21	4989		
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of								
ć			(See page 60 of the instructions.)	(A) Beginning of		(B) End of year		
^ت 2	2 Cas	h, savings	and investments	. JS90		4989		
1 2	3 Lan	d and build		. 0	23 24	0		
~2	4 Oth	4 Other assets (describe ▶)				1 C		
102.6	25 Total assets				25	4989 _		
q	6 Tota	al liabilitie	(describe >) 0	26 27	0		
_	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 2570					1 4989		
F	or Privac	cy Act and	Paperwork Reduction Act Notice, see the separate instructions.	Cat. No 106421		Form 990-EZ (2007)		

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Par	t III Statement of Program Service Accom	olishments (See page 60	of the instructio	ns.)		Expens			
What	is the organization's primary exempt purpose?	LABOR UP	NION			uired for			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.						and (4) organizations and 4947(a)(1) trusts; optional for others.)			
<u> 28</u>	A 60 men be cons protected	In rights Ne	cotrited Bb	The					
Ü	MION preliding Health + Per	sul writer,	rife way	Ti					
· <u>.</u>	is well as Fair weals	/				, ,	21	10	
<u>((</u>	Grants \$) If this amount inclu	ides foreign grants, check	here	. ▷ □	28a		3/6	2/	
29									
-							0		
_	Grants \$) If this amount inclu			· ·	29a	-	$\underline{\mathcal{C}}$		
30									
						į			
	Owner & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	udes foreign grants, check		. ▶ 🗆	30a				
_	Grants \$) If this amount include the program services (attach schedule)				1304				
	· ·	des foreign grants, check			31a		\Diamond		
	Total program service expenses. Add lines 28a th				32	1	3/1	49	
	t IV List of Officers, Directors, Trustees, and Key					e instruc	tions.		
		(B) Title and average	(C) Compensation	(D) Contribute	ons to	(E) E	xpens	e	
	(A) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred complete		acco other a	unt an Ilowan		
				1					
						1			
						Щ,			
Pa	rt V Other Information (Note the statemer	it requirement in Genera	al Instruction V.)		 .		Yes	No	
33	Did the organization make a change in its activities	es or methods of conduction	ng activities? If "Y	'es," attach	а		. 1		
	<u> </u>					33		<u> </u>	
34	Were any changes made to the organizing or government				11		,]	1/	
	,,					34		<u> </u>	
35	If the organization had income from business activities,	·		-	t not		. 1		
	reported on Form 990-T, attach a statement explaining	, ,							
а	Did the organization have unrelated business gros				, and	35a		1/	
	proxy tax requirements?				• •	35b		1	
36	Was there a liquidation, dissolution, termination,		· · · · · · · · · · · · · · · · · · ·		ch a	1			
30	statement.			i ies, alla	CITA	36		V	
37a	Enter amount of political expenditures, direct or inc	firect, as described in the in	structions. ▶ 37	′a ($\mathcal{L}_{\mathcal{L}}$	_		Γ,	
	Did the organization file Form 1120-POL for this					37b	L_		
	Did the organization borrow from, or make any lo				were				
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?							1	
b	If "Yes," attach the schedule specified in the lin		- 1		-			_	
_	involved		100	3 b C	<u> </u>		'		
39	501(c)(7) organizations. Enter:		j	2.	1		'	1	
	Initiation fees and capital contributions included of				101	_			
	Gross receipts, included on line 9, for public use	of club facilities	39	3b C	<u> </u>				

t V	Other Information (Note the statement require	ement in General Instruc	ction V.) (Contin	ued)		
section	n 4911 ▶ ; section 4912 ▶	; section 49	55 ▶		N.	This
501(c)(year or	 and (4) organizations. Did the organization engage in a r did it become aware of an excess benefit transaction 	any section 4958 excess be from a prior year? If "Yes,"	nefit transaction di attach an explana	uring the tion 40		X
the ye	ar under sections 4912, 4955, and 4958		. ▶	>		
Enter a	amount of tax on line 40c reimbursed by the organiz	. ▶	7		1	
transa	ction?	organization a party to a p	prohibited tax she	elter40	e	X
1 List the states with which a copy of this return is filed. ► KI 2a The books are in care of ► MARK ANDERTON Telephone no. ► (40) 333 Located at ► /34 Colonial AVE Cumberland, RI ZIP + 4 ► COSE						
over a accou	a financial account in a foreign country (such as a bint)?	oank account, securities a	account, or other	financial 42	b	No X
•		maintain an office outside	of the U.S.? .		<u>~ :</u>	1_,X
Sectio	on 4947(a)(1) nonexempt charitable trusts filing Form	990-EZ in lieu of Form 10 ccrued during the tax year	41—Check here	 	, cc .	▶ ⊠
n		arer (other than officer) is based	on all information of the Date	which preparer has		
	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's SSN or PTI	N (See Gen	. Inst. X)
Only	Firm's name (or yours if self-employed),		EIN	•		
	501(c)(section 501(c)(year or the ye Enter the ye Enter All org transa List th The b Locate At any over a accou if "Yes See th At any if "Yes Section and er ase n re	501(c)(3) organizations. Enter amount of tax imposed on the section 4911 ▶ ; section 4912 ▶ 501(c)(3) and (4) organizations. Did the organization engage in a year or did it become aware of an excess benefit transaction the year under sections 4912, 4955, and 4958. Enter amount of tax imposed on organization managers or the year under sections 4912, 4955, and 4958. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the transaction? List the states with which a copy of this return is filed. ▶ The books are in care of ▶ MAR ANDERT. Located at ▶	Sol(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ►	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? List the states with which a copy of this return is filed. ▶ The books are in care of ▶ A.N.J.E.T.C.N. Telephone no. ▶ (.4/1) 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: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1. At any time during the calendary year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling 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. ▶ 43 // Under penalties of penjury, lackare that I have examined this return, including accompanying schedules and statements, and to the best can define the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 // Freparer's Preparer's signature or officer Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year. Preparer's SSN or PTII self-year.	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ C 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 ▶ C 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 ▶ C Fine amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? List the states with which a copy of this return is filed. ▶ AND FROM Telephone no. ▶ (401) 333. Located at ▶ 24 Colon AND AVE Continued and 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1. 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1. 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: ▶ 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 accound during the tax year . Part of the prematites of perpuy, Ideatements and to the best of my keep and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief, it is true, correct, and complete. Declaration of preparer (other than