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SCANNED JUN 0 1 2010

Form **990-EZ**

OMB No 1545-1150 2008

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public

		The organization may have to use a copy to	or ans re	will to	3003	ly state it	porting req	unenn	ents.	mapoundit			
A	For th	ne 2008 calendar year, or tax year beginning $$	200	8		and end	ding JU	N 3	Ō,	2009			
В	Check if	k if Please C Name of organization D Em					D Emp	Employer identification number					
Г	Addre	Subsection of TRUSTEES OF TREW LOCAL 100						, ,					
7	Name	label or l						7	77-0561875				
┝	lchang Initia	tigl type Number and street for P.O. how if mail is not delivered to street address.							Telephone number				
⊱	iretur Term		U Stieet at	naicosi			Room/suite		·				
누	ation	Instruc-							(559) 225-3030				
Ļ	—Jretur	City or town, state or country, and ZIP + 4						F Gro	Group Exemption				
	Applic	FRESNO, CA 93721						Nur	nber I	>			
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru	ists must	attach	a com	pleted	G Accour	iting m	ethod	Cash X Accrual			
		Schedule A (Form 990 or 990-EZ).					Other (specify)				
ī	Websi	te: ►N/A				-				the organization is not			
		zation type (check only one)— X 501(c) (5) (insert no)	49	47(a)(1	l) or	52	1			dule B (Form 990, 990-EZ, or 990-PF)			
	Check												
		ed, but if the organization chooses to file a return, be sure to file a comple			1033 16	sceipts are	nonnally nu	illiule	tiiaii Ф	25,000 A IBIUIII IS IIUI			
		les 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or			000 :-	-1	000 57			191,142.			
	art I	Revenue, Expenses, and Changes in Net Asse							▶ \$				
			era OI I	unu	Dai	arices (288 (118 1112(11	actions	TUI Pa				
	1	Contributions, gifts, grants, and similar amounts received						1	1_	191,142.			
	2	Program service revenue including government fees and contracts							2				
	3	Membership dues and assessments						ļ	3				
	4	Investment income							4				
	5a	Gross amount from sale of assets other than inventory			5a								
	b	Less cost or other basis and sales expenses			5b								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5t	from line	s 5a) (a	ttach s	schedule)			5c				
ē	6	Special events and activities (complete applicable parts of Schedule G)				•	heck here						
ē	a	Gross revenue (not including \$ of contr	•		•	gg, c							
Revenue		reported on line 1)		- 1	6a	!		1					
_	h	·		ŀ									
	"	b Less: direct expenses other than fundraising expenses 6b							_				
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						}	6c				
	/a	7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe											
	0												
	C						ļ	7c					
	8	Other revenue (describe	E) E C	FI	VED) }	8				
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	120		V C D	-Q	>	9	191,142.			
	10	Grants and similar amounts paid (attach schedule)	. .				SS	ļ	10				
	11	Benefits paid to or for members	1~1 A	YAN	AY 0 4 2010		2010 19		11	125,473.			
es	12	Salaries, other compensation, and employee benefits	37				J& J&		12				
penses	13	Professional fees and other payments to independent contractors		- 44 124	- C	1 117		13	9,651.				
Ä	14	Occupancy, rent, utilities, and maintenance	OGDEN, UT				14						
ш	15	Printing, publications, postage, and shipping							15				
	16	16 Other expenses (describe ► SEE STATEMENT 1)						1)	16	4,890.			
	17	7 Total expenses. Add lines 10 through 16						▶ [17	140,014.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					_		18	51,128.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column	(A))										
Ass		(must agree with end-of-year figure reported on prior year's return)	` ''						19	389,015.			
ë	20	Other changes in net assets or fund balances (attach explanation)						Ì	20				
Z	21	Net assets or fund balances at end of year Combine lines 18 through 2	n						21	440,143.			
P	art li			00 or m	ore fil	le Form 99	N instead of I	Form 9		110/1131			
_		(See the instructions for Part II)	Ψ2,000,00	30 01 111	010, 111		Beginning of		T	(B) End of year			
22	Cae	,				(4)			22	430,142.			
	23 Land and buildings 23							430,142.					
								24 204					
			VI DI	rin T.		' 				24,304.			
25		al assets					391,			454,446.			
26		al liabilities (describe > ACCOUNTS PAYABLE)		794		14,303.			
832		assets or fund balances (line 27 of column (B) must agree with line 21				<u> </u>	389,	0 I 2	• 27	440,143.			
12-	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see th	e instruct	ions fo	r Form	1 990.				Form 990-EZ (2008)			

	BOARD OF TRUSTEES OF IBEW					
	n 990-EZ (2008) LABOR MANAGEMENT COOPERAT			77-	05618	75 Page 2
	art III Statement of Program Service Accomplishme		Part III)			penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	· 4				for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(a)(1) trusts, optional
	vided, the number of persons benefited, or other relevant information for each pr				for others)
28	TO PROVIDE WORKERS AND EMPLOYERS WI	'O				
	STUDY AND EXPLORE NEW AND INNOVATIVE					
	ACHIEVING ORGANIZATIONAL EFFECTIVEN					
	(Grants \$) If this amount includes foreign (grants, check here		لــــا	28a	
29						
						
	(Grants \$) If this amount includes foreign of	rente aback bara	-		29a	
30	Grants \$ 7 it this amount includes foreign (grams, check here		—	294	
00						
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (attach schedule)	in the following the first of t				
_	(Grants \$) If this amount includes foreign	grants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one en	ven if not compensated	(See the	instructions	for Part IV)
		(b) Title and average hours	(c) Compensation		ntributions	
	(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	(e) Expense account and
		position	-0)	d	eferred	other allowances
==	VIII VIVOTOV 2200 TUT 200 CT			com	pensation	
	OHN HUSTON, 2300 TULARE ST., SUITE	TRUSTEE			•	
_	0, FRESNO, CA 93721	5.00	0.	<u> </u>	0.	0.
	O. BOX 446, FRESNO, CA 93709	TRUSTEE			0	
	CORGE SOGHMONIAN	5.00 TRUSTEE	0.	 	0.	0.
	22 S. MAPLE AVE., FRESNO, CA 93725	5.00	0.	ļ	0.	0.
	CRRY ZUMWALT, 1921 N. GATEWAY	TRUSTEE	· · · · · · ·		<u> </u>	· ·
_	VD., SUITE 102, FRESNO, CA 93727	5.00	0.		0.	0.
	PEFAN DAVIS	TRUSTEE	•	 		
	71 11TH AVE., KINGSBURG, CA 93631	5.00	0.		0.	0.
	REGG JORDAN, 1921 N. GATEWAY BLVD.,	TRUSTEE		l		
SU	VITE 102, FRESNO, CA 93727	5.00	0.		0.	0.
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8321 12-1	72 7-08				Form	990-EZ (2008)

Were any changes made to the organizing or governing documents but not reported to the IRS? If "ves," attach a conformed copy of the changes If the organization had income from bisminess activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-7, table has statement explaining your research of roat reporting the income on Form 990-7 a bid the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has if tilled a tax return on Form 990-7 for this year? 23 by the eral equivation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 23 by the organization file Form 1120-POL for this year? 24 by the organization borrow from, or make any loans to, any officer, director, frustee, or key employee of were any such loans made in a prior year and still unpage at the start of the period covered by this return? 35 by N/A 36 by N/A 37 chier amount of produced spendatives, direct or, indirect, as described in the instructions b If "Yes," complete Schedule L. Part II and enter the total amount involved 38 by N/A 38 by N/A 39 by N	Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)						
34				Yes	No			
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, attach a statement explaning your reason for not reporting the income on Form 990-T and of the organization had income reported on Form 990-T and the organization had income reporting the income on Form 990-T and the organization for such states a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N. 38	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33					
a Did the organization have unrelized business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b if Yes, "has it filed a tax return on Form 990-T for this year? 359 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 370 Enter amount of political expenditures, direct or indirect, as described in the instructions 371 a Did the organization file Form 1120-POL for this year? 372 a Did the organization file Form 1120-POL for this year? 373 b If Yes," complete Schedule L, Part II and enter the total amount involved 374 a Section 301(c)(7) organizations Enter 375 a Initiation fees and capital contributions included on line 9 386 a Section 301(c)(3) and (4) organizations Did the organization engage in any section 4955 b N/A 387 b Section 301(c)(3) and (4) organizations Did the organization engage in any section 4956 excess benefit transaction during the year under section 4911 b N/A section 4912 b N/A section 4956 excess benefit transaction from a prior year? If Yes," complete Schedule L, Part I define amount of tax imposed on organization engage in any section 4956 excess benefit transaction during the year under sections 4912, 4955, and 4958 define amount of tax imposed on organization engage in any section 4956 excess benefit transaction during the year under sections 4912, 4955, and 4958 define amount of tax imposed on organization engage in any section 4956 excess benefit transaction during the year under sections 4912 expenditures, direct the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 400	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 358 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 36	35	· · · · · · · · · · · · · · · · · · ·						
tax requirements? 14 ** (*s*, *has t filed a tax return on Form 990-T for this year? 15 ** (*s*, *has t filed a tax return on Form 990-T for this year? 16 ** (*s*, *has t filed a tax return on Form 990-T for this year? 17 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 19 ** (*s*, *has t filed a tax return on Form 990-T for this year? 10 ** (*s*, *has t filed a tax return on Form 990-T for this year? 10 ** (*s*, *has t filed a tax return on Form 990-T for this year? 10 ** (*s*, *has t filed a tax return on Form 990-T for this year? 10 ** (*s*, *has t filed a tax return on Form 990-T for this year? 11 ** (*s*, *has t filed a tax return on Form 990-T for this year? 12 ** (*s*, *has t filed a tax return on Form 990-T for this year? 16 ** (*s*, *has t filed a tax return on Form 990-T for this year? 17 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for this year? 18 ** (*s*, *has t filed a tax return on Form 990-T for filed a tax for filed year and selection of form 990-T for filed filed year and selection of filed yea		reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T						
b if "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N. 38	а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy						
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N O . 37a		tax requirements?	35a		X			
The Enter amount of political expenditures, direct or indirect, as described in the instructions bid the organization file Form 1120-POL for this year? 37b 37b X X X X X X X X X X X X X	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α			
b Did the organization file Form 1120-POL for this year? 38a 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 unpaid at the start of the period covered by this return? b If Yes; complete Schedule L, Part II and enter the total amount involved 38b N/A 38c N/A 39c N/A	36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X			
38a 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 unpaid at the start of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a 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 5 Section 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," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax with me 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-1 List the states with which a copy of this return is filed ► NONE 42a The books are in care of ► BENEFIT ADMINISTRATION CORPORATION Located at ► 955 N STREET, FRESNO, CA 2IP+4 ► 93721 b 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 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? 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? If "Yes," enter the name of the foreign country \(\) Section 4950 (Section	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions						
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 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 N/A N/A N/A N/A 10	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						
Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \(\bigcap \) N/A section 4912 \(\bigcap \) N/A section 4955 \(\bigcap \) N/A b Section 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, complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40e		in a prior year and still unpaid at the start of the period covered by this return?	38a		Х			
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b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \(^{\text{N}}\) N/A b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4955 \(^{\text{N}}\) N/A b Section 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,' complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e 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 41 List the states with which a copy of this return is filed \(^{\text{N}}\) NONE 12 The books are in care of \(^{Empirity Empirity Empi	39	Section 501(c)(7) organizations Enter	1					
40a 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 b Section 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,' complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e 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 List the states with which a copy of this return is filed ▶ NONE 11. List the states with which a copy of this return is filed ▶ NONE 12. List the states with which a copy of this return is filed ▶ NONE 13. A 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)? 13. If 'Yes,' enter the name of the foreign country ▶ 24. A any time during the calendar year, did the organization maintain an office outside of the U.S.? 14. If 'Yes,' enter the name of the foreign country ▶ 35. 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 44. Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of	а	Initiation fees and capital contributions included on line 9						
section 4911 Section 4912 N/A section 4912 N/A section 4955 N/A b Section 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," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A						
b Section 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," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e 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 41 List the states with which a copy of this return is filed NONE 142a The books are in care of BENEFIT ADMINISTRATION CORPORATION Telephone no 559 225-3030 Located at 955 N STREET, FRESNO, CA ZIP+4 93721 b 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 90-Ez in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 144b Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1					
did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 40 List the states with which a copy of this return is filed NONE 41 List the states with which a copy of this return is filed NONE 42a The books are in care of BENEFIT ADMINISTRATION CORPORATION Telephone in (559) 225-3030		section 4911 \blacktriangleright N/A, section 4912 \blacktriangleright N/A, section 4955 \blacktriangleright N/A			1			
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e 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 List the states with which a copy of this return is filed ▶ NONE 12 The books are in care of ▶ BENEFIT ADMINISTRATION CORPORATION Telephone no ▶ (559) 225-3030 Located at ▶ 955 N STREET, FRESNO, CA 12 The tax tax tax 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 ▶ 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? 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 accrued during the tax year 14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or						
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d Enter amount of tax on line 40c reimbursed by the organization e 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 List the states with which a copy of this return is filed NONE 11 List the states with which a copy of this return is filed NONE 12 The books are in care of BENEFIT ADMINISTRATION CORPORATION Telephone no (559) 225-3030 tocated at 955 N STREET, FRESNO, CA 13 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?) 14 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. 15 At any time during the calendar year, did the organization maintain an office outside of the US? 16 "Yes," enter the name of the foreign country Sec the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 16 At any time during the calendar year, did the organization maintain an office outside of the US? 17 Yes," enter the name of the foreign country Add the organization maintain and office outside of the US? 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here Add N/A 19 Add Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	C	Enter amount of tax imposed on organization managers or disqualified persons during the year under						
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transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE 128 The books are in care of BENEFIT ADMINISTRATION CORPORATION Telephone no (559) 225-3030 Located at 955 N STREET, FRESNO, CA Located at 955 N STREET, FRESNO, CA Description of the foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 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? 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 accrued during the tax year Yes No Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	đ	Enter amount of tax on line 40c reimbursed by the organization			1			
List the states with which a copy of this return is filed ► NONE The books are in care of ► BENEFIT ADMINISTRATION CORPORATION Located at ► 955 N STREET, FRESNO, CA Located at ► 955 N STREET, FRESNO, CA Telephone no ► (559) 225-3030 ZIP+4 ► 93721 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 ► 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? 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 Yes No Yes No	8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
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Located at > 955 N STREET, FRESNO, CA 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 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? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country Accounts if "Yes," enter the name of the foreign country Accounts in an office outside of the U S? 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 Accounts in an office outside of the U S? If "Yes," enter the name of the foreign country Accounts in an office outside of the U S? If "Yes," enter the name of the foreign country Accounts in an office outside of the U S? If "Yes," enter the name of the foreign country Accounts in an office outside of the U S? If "Yes," enter the name of the foreign country Accounts in an office outside of the U S? If "Yes," enter the name of the foreign country Accounts in a foreign country Accou	41	List the states with which a copy of this return is filed NONE						
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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, 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? 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 accrued during the tax year Yes No Yes No Yes No								
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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? 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 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		account)?	42b		X			
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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 accrued during the tax year Yes No Uid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
A3 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	X			
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Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here						
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·				
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of								
				Yes	No			
Form 990-EZ 44 X	44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of						
			44		X			
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be						
completed instead of Form 990-EZ			45		X			
Form 990-EZ (2008)			Form 9	90-EZ	(2008)			

LABOR MANAGEMENT COOPERATION COMMITTEE

77-0561875

Page 4

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the 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." (D) Contributions (c) Compensation (b) Title and average hours (E) Expense to employee (a) Name and address of each employee paid more account and per week devoted to benefit plans & than \$100,000 position deferred other allowances compensation N/A Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deglaration of preparer (b) for than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Check if self-Date Paid Preparer's signature Preparer's Identifying Number (See instr.) enny employed 🛌 Preparer's Use Only HEMMING MORSE CPA'S AND CONSULTANTS EIN > Firm's name (or yours 160 SPEAR STREET SUITE 1900 Phone > If self-employed).

SAN FRANCISCO, CA 94105

May the IRS discuss this return with the preparer shown above? See instructions

(415) 836-40<u>00</u>

► X Yes No

Form 990-EZ (2008)

address, and ZIP + 4

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
INSURANCE EXPENSE MEETING EXPENSE DONATIONS MISCELLANEOUS EXPENSE			1,428. 1,452. 2,000.
TOTAL TO FORM 990-EZ, LINE 16			4,890.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EMPLOYER CONTRIBUTIONS RECEIVABLE PRE-PAID INSURANCE	3	22,885. 1,409.	24,304.
TOTAL TO FORM 990-EZ, LINE 24		24,294.	24,304.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACT		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

4

TO PROVIDE WORKERS AND EMPLOYERS WITH THE OPPORTUNITIES TO STUDY AND EXPLORE NEW AND INNOVATIVE JOINT APPROACHES TO ACHIEVING ORGANIZATIONAL EFFECTIVENESS.