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Form **990-EZ**.

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

SCANNED MAY

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Please Address International Brotherhood of Electrical label or]Name change 01-0095705 print or Workers Local 567 type Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-238 Goddard Road (207)786-9770 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption Lewiston, ME 04240 Number ► 0064 G Accounting method: X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) Website ► www.ibew567.com H Check ► X if the organization is not Tax-exempt status (check only one) - \times 501(c) (5) ____ 4947(a)(1) or \[527 required to attach Schedule B (Form 990 990-EZ or 990-PF) Check Light the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 436225. Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6b **b** Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 6842. Other revenue (describe See Statement 3) 8 443067. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) Stmt 10 112497. 11 Benefits paid to or for members 11 187711. 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 16739. 13 See Statement 5 29556. 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 5179. APR 12 2010 Other expenses (describe > 0 16 See Statement 1) 181328. 16 Total expenses Add lines 10 through 16 17 533010. Excess or (deficit) for the year (Subtractine 17 from time 31)

Net assets or fund balances at beginning of year (from time 27, column (A)) 18 <89943.> Net Assets 19 (must agree with end-of-year figure reported on prior year's return) 19 505016. 20 Other changes in net assets or fund balances (attach explanation) 20 21 415073. Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II) (A) Beginning of year (B) End of year Cash, savings, and investments 505855. 22 421528. 22 23 Land and buildings 23 24 Other assets (describe ▶ Other Depreciable Assets 36034. 22151. 24 25 Total assets 541889. 25 443679. 26 Total liabilities (describe 36873. See Statement 2) 28606. 26

415073. Form **990-EZ** (2009)

505016.

27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

International Brotherhood of Electrical Form 990-EZ (2009) Workers Local 567 01-0095705 Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses (Required for section 501(cY3) What is the organization's primary exempt purpose? Promote the Welfare of Union Members. and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe section 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title for others) See Statement 7 (Grants \$) If this amount includes foreign grants, check here 28a 29) If this amount includes foreign grants, check here (Grants \$ 30) If this amount includes foreign grants, check here 31 Other program services (attach schedule)) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (c) Compensation (b) Title and average hours (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter benefit plans & account and position -0-) other allowances deferred compensation Richard Deering Business Manager 30 Maxine Lane, Hollis Ctr., 69523. ME 04042 40.00 25237. 0. Al Shepard President/Organizer 4 Tucker Drive, Windham, ME 04062 40.00 65736. 23949 1200. Thomas Johnson Recording Secretary 24 Balsam Lane, Kennebunk, ME 04043 1.00 0 0. 1200. Don Pratt, 14 Saco Avenue, Old Board Member Orchard Beach, ME 04064 1.00 161. Ο. 0. James Hustus Board Member 65 Boulder Ridge, Hollis , ME 04042 1.00 0. 0. 0. Terry Colpitts, 36 Glendale Circle, Treasurer Scarborough, ME 04074 1.00 0. 0. 1200. Ron Lachance Finance Secretary 294 Center Road, Wales, ME 04280 1.00 0. 0 450. Jeff Bailargeon, 40 Otter Drive, No. Board Member Waterboro, ME 04061 1.00 875. 0. 0. Kevin Foley Board Member 38 Haskell Road, Windham, ME 04062 1.00 0. 0. 0. Micah Cram Board Member 20 Elm Street West, Hampden, ME 04444 1.00 0. 0. 0. Jim Valente Board Member 234 Dyer Road, Dayton, ME 04005 1.00 0. 0. 0.

932172 02-08-10

Pa	art V Other Information (Note the statement requirements in the instructions for Part V)				
	•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_3	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	_3	34		X
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting,				
	and proxy tax requirements?	3:	5a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	3	5b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1	-		
	complete applicable parts of Sch. N	_3	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.			
b	Did the organization file Form 1120-POL for this year?	3	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 period covered by this return?	3	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9 39a N/A				
b	Gross receipts, included on line 9, for public use of club facilities 39b 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 ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A		- 1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	_			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction				
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	0ь	N/	Α
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		\Box		
	or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		Ì		
	organization N/A		1		
е	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	4	0e		х
41	List the states with which a copy of this return is filed. ME				
42 a	The organization's books are in care of ▶ Richard Deering Telephone no. ▶ 207	7-786-	-9'	770	
	Located at ► 238 Goddard Rd., Lewiston, ME ZIP+4	▶ 042	24	Ō	
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			Yes	No
	account)?	4:	2b		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.?	4:	2c		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			\blacktriangleright	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N,	/A		
		_		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ	4	14		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				
	completed instead of Form 990-EZ	4	15		X
		For	m 99	90-EZ ((2009)

International Brotherhood of Electrical

Form 990-EZ (2009) Workers Local 567

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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 46-49b and complete the tables for lines 50 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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances N/A compensation f Total number of other employees paid over \$100,000 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 I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, exparer (other than officer) is based on all information of which preparer has any knowledge Under penaltie Sign Here Business Kic ha n Type or print name and title Paid Preparer's signature Check if self-Preparer's identifying number (See instr.) Preparer's employed 🛌 Kirk M. Allen, CPA Use Only Filler and Associates, EIN > Firm's name (or yours 70 Center Street, PO Box 4177 if self-employed) Phone > address, and ZIP + 4 no Portland, Maine 04101-0377 207-772-0153 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Travel			14111.
Contributions			1160.
Union Meetings			1553.
Dues & Subscriptions			4692.
Shared payroll costs			10765.
Advertising Conventions and seminars			3700.
Insurance			3011. 3024.
Computer Expenses			4578.
Telephone			8348.
Payroll processing fees			579.
Dues to affiliates			6000.
Equipment rental			3137.
Market recovery payments			87314.
Gifts and flowers			3652.
Internet expenses			400.
Bank charges Miscellaneous			2023.
Board fees			1694. 6700.
Payroll taxes			10827.
Outings & picnics			4060.
Total to Form 990-EZ, line 16			181328.
		T-1	
Form 990-EZ	Other Liabilities		Statement 2
Description		Beg. of Year	End of Year
Aggrand orronger		100	
Accrued expenses Notes payable		100. 36773.	6215.
Mocca balante		30//3.	22391.
Total to Form 990-EZ, line 26		36873.	28606.

Form 990-EZ ·	Other Revenue	Statement 3			
Description		Amount			
Miscellaneous income Interest income		2571. 4271.			
Total to Form 990-EZ, line 8		6842.			

Form 990-EZ	Payments to Affiliates	Statement	4		
Affiliate's Name	Affiliates Address				
I.B.E.W	1125 15th Street N.W. Washington, DC 20001				
Purpose of Payment		Amount			
Per capita expenses - portion of dues			112497.		
Total included on Form 990 Form 990-EZ Occupancy,	-EZ, line 10 Rent, Utilities and Maintenance	1124 Statement	97.		
Description		Amount			
Depreciation Other Expenses		146 149			
Total to Form 990-EZ, line 14			29556.		

FORM 990-EZ .	Information Regarding Transfers Associated with Personal Benefit Contracts		State	ment	6
directly or	nization, during the year, receive any funds, indirectly, to pay premiums on a personal ract?	[] Yes	[X]	No
	nization, during the year, pay premiums, indirectly, on a personal benefit contract? .	. [] Yes	[X]	No

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Statement

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The objective of the Local Union is to promote the material and intellectual welfare of its members. The Local Union maintains a collective bargaining agreement in the electrical contruction industry and currently has 373 members.