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SCANNED DEC 0 2

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning and ending		
В	Check if	Please C Name of organization	D Employer idea	ntification number
a	pplicable	Please use IRS INTERNATIONAL BROTHERHOOD OF ELECTRICAL		
Г	Addres	ss label or MODVEDC TOCAT NO QO	1	
F	Name change	type	06	-0400792
F	initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Termin	Consulin		03)624-6638
F	lated Amend	tions City or town, state or country, and ZIP + 4	G Gross receipts \$	2,321,326.
\vdash	return Applic:		H(a) Is this a grou	
_	tion pendin		for affiliates?	
		SAME AS C ABOVE	H(b) Are all affiliate	
	Γον.ονο	empt status.		ch a list (see instructions)
		te: N/A		ption number ► 0064
				0 M State of legal domicile: CT
	art I	Summary	ear or formation. 130	O W State of legal dofficie. C1
_		Briefly describe the organization's mission or most significant activities LOCAL UN	TON OFFICE	TN WHICH ITS
Activities & Governance		FUNCTION IS FOR THE BETTERMENT OF WORKING	TON OFFICE	IN WHICH IIS
nar	1 '	[]	acro than 25% of its or	at accets
Veri		Check this box if the organization discontinued its operations or disposed of r	IDIE MAN 2576 OF ILS TR	1.0
Ś	1	Number of voting members of the governing body (Part VI, line 1a)		-
مخ		Number of independent voting members of the governing body (Part VI, line 1b)		4 7 5 13
ţį		Total number of employees (Part V, line 2a)		
ξį		Total number of volunteers (estimate if necessary)		
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 0. 7b 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	D-1 V	
		Out to be stored and another (Dark VIIII has 4 by	Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	1,093,91	4. 1,207,140.
Revenue	1	Program service revenue (Part VIII, line 2g)	122,02	
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,216,83	3. 1,311,3/1.
	13	Grants and similar amounts paid (Part IX, column (A), In ECFIVED		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	F.CO. CO.	1 576 666
Ses	15	Salaries, other compensation, employee benefits Part IX, column (A), lines 5-100	569,68	<u>576,666.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line iMe)V 1 3 2010 0		
쭚	b		F70 04	4 507 501
	''	Other expenses (Part IX, column (A), lines 11a 11d, lilitzari)	578,04	<u>4.</u> <u>597,501.</u>
		Total expenses Add lines 13-17 (must equal Part IX, column (A)! line 25)	1,147,72	
	19	Revenue less expenses Subtract line 18 from line 12	69,10	
is or			Beginning of Current Y	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,775,52	
P P	21	Total liabilities (Part X, line 26)	239,00	
彦	22	Net assets or fund balances Subtract line 21 from line 20	2,536,52	0. 2,865,300.
Р				
	art li	Signature Block		
	art li		ints, and to the best of my kno	owledge and belief, it is true, correct,
	art li	Signature Block	nts, and to the best of my knowinge	owledge and belief, it is true, correct,
Sig	art li	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		owledge and belief, it is true, correct,
Sig Hei	art li n	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemed and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowled Signature of officer.	ints, and to the best of my know didge Date	owledge and belief, it is true, correct,
	art li n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled Signature of officer FRANK HALLORAN, PRESIDENT		owledge and belief, it is true, correct,
	art li n	Under penalties of pergrip, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of prepaler (other than officer) is based on all information of which preparer has any knowled Signature of officer FRANK HALLORAN , PRESIDENT Type or print name and title	Date	10/10
Hei	n re	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled Signature of officer FRANK HALLORAN, PRESIDENT Type or print name and title Preparer's Date	Date Check if P	owledge and belief, it is true, correct,
Pai	art II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled Signature of officer FRANK HALLORAN, PRESIDENT Type or print name and title Preparer's signature NICHOLAS IWANEC Date 11/09/10	Date Check if P	reparer's identifying number
Pai Pre	art li n re d parer's	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and complete Declaration of preparer to the property of the preparer has any knowledge of the preparer of the preparer has any knowledge of the preparer has a	Date Check if self-	reparer's identifying number
Pai Pre	art II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge of the preparer of the preparer has any knowledge of the preparer of the preparer has any knowledge of the preparer has a	Check if self-employed EIN EIN	reparer's identifying number
Pai Pre	art li n re d parer's	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and complete Declaration of preparer to the property of the preparer has any knowledge of the preparer of the preparer has any knowledge of the preparer has a	Check if self-employed EIN EIN	reparer's identifying number

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Form 990 (2009)

932002 02-04-10 Form 990 (2009) WORKERS LOCAL NO 90

Part IV Checklist of Required Schedules

	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	_10		<u>X</u> _
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		ļ	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ļ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	}]	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			х
40.4	Schedule D, Parts XI, XII, and XIII	12	 	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional 12A X	1		
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
5	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	[· · · ·	— —	- <u></u> -
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
. •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
		Form	990 (2009)

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Part IV Checklist of Required Schedules (continued) 06-0400792 Form 990 (2009)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> X</u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		Ì	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	i		
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L</u>
		Form	990	(2009)

	- compliance				
	•	l I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 4	Į		l
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b 0			
,C	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.	eportable gaming			
	(gambling) winnings to prize winners?	1 1	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				İ
	filed for the calendar year ending with or within the year covered by this return	2a 13	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined in the control of the control		2b_	X	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	-	X
b	If "Yes," enter the name of the foreign country				l
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and			l
_	Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Prohibited	_		ļ
~ -	Tax Shelter Transaction?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the property by the state of the stat	ne organization solicit	c-		v
L	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or sifts	6a		X
b	•	tions or girts	er.		1
7	were not tax deductible?		_6b_		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and sonuces			ł
а	provided to the payor?	goods and services	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7.5		
·	to file Form 8282?	as required	7c		Х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	· · · · · · · · · · · · · · · · · · ·			l
·	benefit contract?	Jordonal	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	=			l
	at any time during the year?	•	8		l
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		l
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990 (20001

Form 990 (2009)

WORKERS LOCAL NO 90

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management						
			•			Yes	No
1a	Enter the number of voting members of the governing body	1a		10			
þ	Enter the number of voting members that are independent	1b	1	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wıt	h any other				
	officer, director, trustee, or key employee?			ļ	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dir	ect supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			}	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?]	5_		X
6	Does the organization have members or stockholders?				6_	_X_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more more may	embe	rs of the	İ			
	governing body?				7a	X	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	duni	ng the year				
	by the following.			İ			
а	The governing body?			ļ	8a	X	
þ	Each committee with authority to act on behalf of the governing body?				8b_	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ache	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code)				
				ſ		Yes	No
	Does the organization have local chapters, branches, or affiliates?			ŀ	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	ı cna	oters, amiliates,		401-		
	and branches to ensure their operations are consistent with those of the organization?	£.1	the form?	-	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	riling	ine form?		11	Λ	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990				40-		х
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			-	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	oula g	ive rise		12b		
_	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voc	" describe	1	120		
C	in Schedule O how this is done	703	describe		12c		
13	Does the organization have a written whistleblower policy?				13		х
14	Does the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by	ındependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						ĺ
а	The organization's CEO, Executive Director, or top management official				15a		Х
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			Ì		_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				1
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evo	aluate	ts participatio	n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ation's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	1(c)(3)s only) av	aılable	for		
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	confl	ct of interest po	licy, an	id fina	incial	
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ecords of the or	ganızat	ion 🕨		
	IBEW LOCAL NO 90 - 203 624-6638						
	2 NORTH PLAINS IND.RD, WALLINGFORD, CT 06492				<u></u>	000	(2000)
					Form	441	romau\

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			_ (((D)	(E)	(F)
Name and Title	Average hours	(cl		Pos		app	Iv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KENNETH KING	40.00							115 050		40.014
BUS. MGR.	40.00	X		X		X	_	116,878.	0.	40,014.
FRANK HALLORAN	40.00			,,		ŀ		100 044	•	20 207
PRES/BUS REP	40.00	X		X		-	_	100,944.	0.	39,307.
SEAN DALY	40.00			,,				101 557	0.	20 207
VICE-PRES	40.00	A		X	-		 	101,557.	0.	39,307.
ROBERT WOYTOWICH TREASURER	10.00	x		x				5,200.	0.	0.
MIKE CRISCI	20.00		-		<u> </u>			0,200		
REC. SCTY	10.00	х	1	x				2,000.	0.	0.
JAMES MALONE										
EXEC.BOARD_	10.00	X						0.	0.	0.
JAMES FAINER										
EXEC. BOARD	10.00	X					L	0.	0.	0.
ERIC MELISO										_
EXEC. BOARD	10.00	X	<u> </u>	L			<u> </u>	0.	0.	0.
TOM RYAN, JR.	4.5.00	۱ <u></u>								
EXEC. BOARD	10.00	X	 		_		<u> </u>	0.	0.	0,
DONALD O'CONNOR	10.00		İ				ŀ	105	0	
EXEC. BOARD	10.00	X						105.	0.	0.
			_							
					i					

Par	T VII Section A. Officers, Directors, Tru	1	nplo	oyee			High	est					
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours	(cl		Pos		ı app	ly)	Reportable compensation	Reportable compensation	1	Estimat	
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	othe ompens from ti organiza and rela organiza	r ation ne ition ited
_								-					
	-						╁						
				-	 		-						
		 	-				<u> </u>						
				<u> </u>			ļ	_			_		
								_					
				ļ. <u>.</u>		_	<u> </u>	<u> </u>					
								ŀ					
1b	Total	<u></u>		!		1	┢	<u> </u>	326,684.). 1	18,6	528.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100),000 in reportable			
	compensation from the organization			_								Yes	3 No
3	Did the organization list any former officer,	director or tru	stee	e, ke	y en	nplo	yee,	or h	nighest compensated ei	nployee on		1.55	"
	line 1a? If "Yes," complete Schedule J for s	such individual									_3	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		X	
5	Did any person listed on line 1a receive or									ices rendered to	-	^	1
	the organization? If "Yes," complete Sched										5	<u> </u>	Х
	tion B. Independent Contractors									£400,000 -4			
1	Complete this table for your five highest countered the organization. NONE	mpensated int	jep t	enae	ent c	onu	racio	ors t	nat received more than	\$100,000 of comp	ensauc	on irom	
	(A)								(B)			(C)	
	Name and business	address							Description of s	services	Com	pensati	on
								_					
								_					
							·,						
		•							•				
2	Total number of independent contractors (-	ot l	mıte	d to		_	stec	above) who received n	nore than			
	\$100,000 in compensation from the organi	zation					0				 -	m 990	(2000)
											FOI	nn ラダリ	(2009)

932009 02-04-10

Form **990** (2009)

Form 990 (2009) WORKERS LOCAL NO 90
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S	1			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	445,313.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,812.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	37,127.			
9	Other employee benefits				
10	Payroll taxes	32,414.			
11	Fees for services (non-employees)				
· ·					
b	Legal	-64,912.		1	· • · · · · · · · · · · · · · · · · · ·
-	Accounting	30,447.			
ď	Lobbying	30/11/1			· · · · · · · · · · · · · · · · · · ·
u	Professional fundraising services. See Part IV, line 17	·	 -	<u> </u>	
•	Investment management fees	8,394.		<u> </u>	
'		0/3310		l	
g 12	Advertising and promotion	2,294.		 	
13	Office expenses	42,852.		†	
_	Information technology	42,032.			
14	Royalties				
15	, , , , , , , , , , , , , , , , , , ,	27,420.			
16	Occupancy	21,420.			
17	Travel				
18	Payments of travel or entertainment expenses			ļ	
40	for any federal, state, or local public officials	14,909.			
19	Conferences, conventions, and meetings	14,303.			
20	Interest				
21	Payments to affiliates	24 200			
22	Depreciation, depletion, and amortization	24,298.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	414 007			
a		414,087.			
b		30,819.			
C		12,114.			· ·
d		11,151.			
е		9,183.			
f	· ————————————————————————————————————	34,445.			
25	Total functional expenses Add lines 1 through 24f	1,174,167.			
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u>L</u>	Form 990 (200)

WORKERS LOCAL NO 90

Pai	tΧ	Balance Sheet					
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			605,884.	1	337,379.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3_	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors,	trustees, key			
		employees, and highest compensated employed	es Con	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 499	58(c)(3)	B). Complete			
		Part II of Schedule L				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	127,667.			
	ь	Less accumulated depreciation	10b	127,667. 56,206.	37,324.	10c	71,461.
	11	Investments - publicly traded securities			2,132,320.	11	71,461. 2,798,445.
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments · program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	4)	2,775,528.	16	3,207,285.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo		· · · · · · · · · · · · · · · · · · ·			
abi		highest compensated employees, and disqualif	ied pers	ons Complete Part II			
ت		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	53,711.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			239,008.	25	288,274.
	26	Total liabilities. Add lines 17 through 25			239,008.	26	341,985.
		Organizations that follow SFAS 117, check h	ere 🕨	and complete			
S		lines 27 through 29, and lines 33 and 34.					
Š	27	Unrestricted net assets				27	
3ala	28	Temporanly restricted net assets				28	
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🗓 and		ł	
þ	İ	complete lines 30 through 34.				1	
ets	30	Capital stock or trust principal, or current funds	}	ļ	0.	30	0.
\ss	31	Paid-in or capital surplus, or land, building, or ed	quipmei	nt fund	0.	31	0.
et /	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	2,536,520.	32	2,865,300.
Ž	33	Total net assets or fund balances			2,536,520.	33	2,865,300.
	34	Total liabilities and net assets/fund balances			2,775,528.	34	3,207,285.

Form **990** (2009)

Form 990 (2009) WORKERS LOCAL NO 90 06-0400792 Page **12** Part XI | Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

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X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or	(6) organizations. Complete Part III.			
		NTERNATIONAL BROTHERH	OOD OF ELECTE	RICAL Empl	oyer identification number
	<u>V</u>	ORKERS LOCAL NO 90			06-0400792
Pa	art I-A Complete	if the organization is exempt un	der section 501(c)	or is a section 527 o	rganization.
1	Provide a description of	of the organization's direct and indirect political	tical campaign activities in	Part IV	
2	Political expenditures			▶\$	
3	Volunteer hours				
P	art I-B Complete	if the organization is exempt ur	der section 501(c)(****
1	Enter the amount of ar	ny excise tax incurred by the organization u	nder section 4955	▶\$	
2	Enter the amount of ar	ny excise tax incurred by organization mana	agers under section 4955	▶\$	
3	If the organization incu	irred a section 4955 tax, did it file Form 472	20 for this year?		Yes No
48	a Was a correction mad	e?			└── Yes └── No
	b If "Yes," describe in Pa		-d	avaant saatian FO4/	-)/0)
Ц		if the organization is exempt un			
		tly expended by the filing organization for s	· ·		
2		e filing organization's funds contributed to	other organizations for se		
	exempt function activi			▶\$	
3	•	expenditures Add lines 1 and 2 Enter here	and on Form 1120-POL,	> 0	
_	line 17b			▶\$	X Yes No
4	• •	ion file Form 1120-POL for this year?			X Yes No
5		esses and employer identification number (itical organizations to whic	n payments were made
		listed, enter the amount paid from the filing d directly delivered to a separate political or			
	, , ,	ace is needed, provide information in Part IV	•		•
			<u> </u>	FOR CONTINUA	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization. If none, enter ·0·.
		NEW HAVEN, CT			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Te T	M & OAK PAC	06513		1,000.	0.
<u> 101</u>	IM & OAK PAC	00313		1,000.	- 0.
				· · · · · · · · · · · · · · · · · · ·	
					
_					<u>-</u>
		1			1
					

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

chedule C (Form 990 or 990 EZ) 2009	WORKERS L	OCAL NO 90		06-0	0400792 Page 2
Part II-A Complete if the org		empt under sectio	n 501(c)(3) and file	d Form 5768	
(election under sec	tion 501(h)).	 	<u></u>		
Check 🕨 🔛 if the filing organizat	•	• •			
3 Check ▶ if the filing organizat	ion checked box A	and "limited control" pro	ovisions apply.		T
	s on Lobbying Exp litures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinior	(grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount Ente			h columns		
If the amount on line 1e, column (a) o		bbying nontaxable am			
Not over \$500,000	` '	of the amount on line 1e	11		
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce			
Over \$17,000,000	\$1,00				
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero					
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h d	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		·			Yes No
	ations that made a		Section 501(h) n do not have to comp es 2a through 2f on pag		
CO			<u>-</u>	JC 4.)	
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
4. Crassroots labbung synanditures			1		

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 WORKERS LOCAL NO 90 06-040079

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 06-0400792 Page 3

(election under section 501(h)).

	(:	a)	(1	o)
	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
art III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c))(5), or se	ection	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		X
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	ļ
Did the organization agree to carryover lobbying and political expenditures from the prior year?				X
art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes."		(5), or se		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	Part III-A, li)(5), or se ne 3 is a		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).	Part III-A, li)(5), or se ne 3 is a		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid). a Current year	Part III-A, li)(5), or se ne 3 is a		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	Part III-A, li	(5), or seine 3 is a		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c		
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	Part III-A, li	(5), or seine 3 is a		
art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying as	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the formal of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c		
art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	Part III-A, li	(5), or seine 3 is a 1 2a 2b 2c 3		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	Part III-A, li	(5), or seine 3 is a 1 2a 2b 2c 3	nswered	
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line any additional information.	Part III-A, li	(5), or seine 3 is a 1 2a 2b 2c 3	nswered	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following and political expenditure amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Cart IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line or any additional information.	Part III-A, li	(5), or seine 3 is a 1 2a 2b 2c 3	nswered	
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Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	Part III-A, li	(5), or seine 3 is a 1 2a 2b 2c 3	nswered	
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Section 162(e) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Cart IV Supplemental Information Cart I - A, LINE 1: ONTRIBUTIONS TO SELECTED CANDIDATE CAMPAIGNS ART I - C CONTINUATION FOR INCOMPLETE NAME/ADDRESS I	Part III-A, Ii olitical s e excess and political 5, and Part II-B,	2a 2b 2c 3 line 1: Also	nswered	
art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line any additional information. ART I-A, LINE 1: ONTRIBUTIONS TO SELECTED CANDIDATE CAMPAIGNS	Part III-A, Ii olitical s e excess and political 5, and Part II-B,	2a 2b 2c 3 line 1: Also	nswered	

932043 02-04-10

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO 90

Employer identification number 06-0400792

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	-
	violations, and enforcement of the conservation easements	it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
	conservation easements		O' - 'I - A I -
Ра	rt III Organizations Maintaining Collections o	•	other Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e	·	ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these		l d d d b d b d a a d b a d a a a a
b	If the organization elected, as permitted under SFAS 116, to	· ·	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items.		.
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
-	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	i to relating to these items	•
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> 3

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Schedule D (Form 990) 2009

		LOCAL NO						<u>06-04</u>			
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, c	or Othe	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	it are a s	ignificant	use of its	collection	ı items	5
	(check all that apply)										
а	Public exhibition	d	ᅵᆜᆜ	oan or excl	hange progra	ams					
b	Scholarly research	е	. 🗀	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizati	on's exe	mpt purpo	se in Part	XIV		
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or oth	er sımıla	r assets		_		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if orga	anization ar	swered "Yes	s" to For	m 990, Pa	rt IV, line !	9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other as	sets not	included		_		_
	on Form 990, Part X?								Yes	L_	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able							
	·								Amount	<u>. </u>	
С	Beginning balance						1c				
ď	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	217						Yes		No
ь	If "Yes," explain the arrangement in Part XIV										
Par		f the organization ar	nswered '	Yes" to Fo	rm 990, Part	IV, line	10		•		
		(a) Current year	T	or year	(c) Two yea			ears back	(e) Four	years	back
12	Beginning of year balance	(4)	1-7-		1-7		1-7				
h	Contributions	······································									
	Net investment earnings, gains, and losses										
ن	Grants or scholarships		t								
a	Other expenditures for facilities						<u>.</u>				
е	·								1		
	and programs								<u> </u>		
1	Administrative expenses										
g	End of year balance	L							I		
2	Provide the estimated percentage of the year	ir end balance neld a	as %								
a	Board designated or quasi-endowment	0/									
þ	Permanent endowment	%									
C		%					·				
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are neiu a	na auministe	erea ior	ine organi	Zation	٦	Yes	No
	by								[1	165	NU
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			L D0					3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dark V. Ivaa	10					
Pai		- 			-				400		
	Description of investment	(a) Cost or o			or other	, ,	ccumulat		(d) Bool	k value	a
		basis (investi	mem)	Dasis	(other)	ue	preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements				C 455		21 2	25-			<u> </u>
d	Equipment				6,477.		31,3			$\frac{5,1}{2}$	
е				-	1,190.]	24,8	80.			$\frac{10.}{61}$
Total	I, Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	t X. colurr	ın (B), line 1	10(c))				7	1,4	PT.

Schedule D (Form 990) 2009

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities.	See Form 990. Part X. line	12	00	-0400792 Fage 0
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
Financial derivatives				
Closely-held equity interests				
Other				
				,,
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>			
Part VIII Investments - Program Related		13		
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mar	
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. See Form 990, Part X,				
	(a) Description			(b) Book value
				-
		-		
		- ,-		
Total. (Column (b) must equal Form 990, Part X, col (B,) line 15)		>	
Part X Other Liabilities. See Form 990, Par				
1 (a) Description of liability		(b) Amount		
Federal income taxes				
DUE TO INTERNATIONAL		25,406.		
DUE TO BUILDING CORPORATION		262,868.		
Total. (Column (b) must equal Form 990, Part X, col (B)) line 25)	288,274.		
2 FIN 48 Footnote in Part XIV provide the text of the			that reports the ord	anization's liability for

02-01-10

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability fo uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 WORKERS LOCAL NO 90			06-0	400792	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ment	<u></u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,311,	371.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,174,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			204.
4	Net unrealized gains (losses) on investments		4			576.
5	Donated services and use of facilities		5			
6	Investment expenses		6			-
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		191,	576.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10			780.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per F	leturn		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a] [
b	Donated services and use of facilities	2b	<u> </u>]		
С	Recovenes of prior year grants	2c	· · · · · · · · · · · · · · · · · · ·]		
d	Other (Describe in Part XIV)	2d		1 1		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIV)	_4b		4		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Fynance 22	5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents with	Expenses per		<u>n</u>	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ایا				
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
C	Other losses	2c		-		
d	Other (Describe in Part XIV)	_2d		- A		
e	Add lines 2a through 2d			2e 3		
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1			-3		
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a b	Other (Describe in Part XIV)	4b		1		
	Add lines 4a and 4b	45		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com					4, Part
					 	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV. line 23.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL NO 90

06-0400792

Employer identification number

Questions Regarding Compensation Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? **4**a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2009

Page 2

WORKERS LOCAL NO 90

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(0)	(<u>O</u>)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	116,878.	0	0.	23,806.	16,208.	156,892.	000
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	(ii)							

Schedule J (Form 990) 2009

SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO 90

Employer identification number 06-0400792

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public, Inspection

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

Employer identification number 06-0400792

BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO 90 INTERNATIONAL Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33) Name of the organization Part

Direct controlling End-of-year assets e) Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a)	(q)	(c)	(p)	(e)	69
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
LOCAL UNION 90 BUILDING CORP - 61-1433979	REAL ESTATE HOLDING COMPANY				
2 NORTH PLAINS INDUSTRIAL ROAD	FOR LOCAL UNION'S OFFICES &				
WALLINGFORD, CT 06492	TRAINING FACILITY	CONNECTION	501 (C) 2		1/A
IBEW LOCAL 90 COBRA SUBSIDY FUND -	REIMBURSES PORTION OF				
06-1332523, 2 NORTH PLAINS INDUSTRIAL ROAD, UNEMPLOYED MEMBER'S COBRA	UNEMPLOYED MEMBER'S COBRA				
WALLINGFORD, CT 06492	MEDICAL INSURANCE PAYMENTS	CONNECTION	501 (C) 5		N/A
N.E.C.A. INC & I.B.E.W. LOCAL 90 JAIC -	TRAINING OF APPRENTICES AND				
23-7311925, 2 NORTH PLAINS INDUSTRIAL ROAD, CONTINUING EDUCATION FOR	CONTINUING EDUCATION FOR			•	
WALLINGFORD, CT 06492	ELECTRICAL INDUSTRY	CONNECTION	501 (C) 3	170(B)(1)(A)(I N/A	J/A
	_			•	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

23

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 WORKERS LOCAL NO 90

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

Page 2

06-0400792

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 ate allocations? Yes No Dispropartion-Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
(d)
Indect controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ 24 Direct controlling entity Primary activity Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 932162 07-21-10 Part IV

Schedule R (Form 990) 2009 WORKERS LOCAL NO 90

06-0400792 Page 3

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Schedule R (Form 990) 2009	SCP	25
		(9)
		(9
		4)
		3)
0.	ы	2) PAYABLE TO LOCAL UNION #90 BUILDING CORPORATION
0.	Ω	1) MORTGAGE GUARANTEE FOR LOCAL UNION #90 BUILDING CORPORATION
(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization(s)
	ansaction thresholds	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
t X Tr		 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)
ot ot x		 Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses
th T		m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees
;; ; ; ;		 j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s)
ıi X		
19 At		g Purchase of assets from other organization(s)
		f Sale of assets to other organization(s)
de X		e Loans or loan guarantees by other organization(s)
+-+		c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)
d A		b Gift, grant, or capital contribution to other organization(s)
_		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes		blate. Commiste line 1 if any entity is listed in Barts II III or IV of this schedule

06-0400792 Page 4

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO 90

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

triat was not a related organization. See instructions regarding exclusion for certain investment partities inps.	Susion for certain investment partier		5	3	9	3	[3
(a)	(a)	(2)	e)			6)	
Name, address, and EiN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
(**************************************		country)	Yes No			of Schedule K-1 (Form 1065)	1 -
				•			-
					_		
					-		
		·					
							- -
						Schedule R (Form 990) 2009	n 990) 2009

FORM 4562, PA	RT V	LISTED	PROPERTY	INFORMAT	OM-NOI	RE THAN	50% STATI	EMENT 1
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) (K) AUTO TOTAL NO MILES	(L) BUSINE MILE	ESS CON	(M) MUTING P MILES		(O) WAS VE AVAIL. Y N	? OWNER		
2010 BUICK 1 LACROSSE SD	1/15/09	100.00	32,626.	32,626.	5.00	200DB-MQ	1,631.	
2010 BUICK 1 LACROSSE FH	1/15/09	100.00	33,162.	33,162.	5.00	200DB-MQ	1,658.	
TOTAL TO FORM	1 4562, E	PART V,	LINE 26				3,289.	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return		•	Busine	ss or ac	tivity to	which this form relate	s		Identifying number
INTERNATIONAL BROT WORKERS LOCAL NO 9		LECTRICA	l l	м 9	90	PAGE 10			06-0400792
	n Property Under Section 17	9 Note: If you ha					V before	you	
Maximum amount See the insti						•	1	Τ	250,000.
2 Total cost of section 179 prope							2	T	
3 Threshold cost of section 179 p	• • • • • • • • • • • • • • • • • • • •	•					3	\top	800,000.
4 Reduction in limitation Subtrac	•						4	\top	
5 Dollar limitation for tax year Subtract line				netruct	uone		5	\top	
	otion of property) Cost (busin			(c) Elected	d cost	+-	
<u> </u>			•					7	
		<u> </u>						┪	
		<u> </u>						1	
· · · · · · · · · · · · · · · · · · ·				-				-	
7 Listed property Enter the amou	int from line 20	<u></u>			7	<u> </u>			
7 Listed property. Enter the amou		un nahuma (a) hu		7				\dashv	
8 Total elected cost of section 17	• • •	in column (c), iii	ies o anu	′			8	+	
9 Tentative deduction Enter the s		000 5 4500					9	\pm	
10 Carryover of disallowed deduct	•		- 41				10		
11 Business income limitation Ent					ne 5		11	\neg	
12 Section 179 expense deduction	•			16 11			12	+-	
13 Carryover of disallowed deduct			_		13				
Note: Do not use Part II or Part III b Part II Special Depreciation				-1 - 1 - 1 -			-		
	Allowance and Other De	•					1	$\overline{}$	
14 Special depreciation allowance	for qualified property (oth	er than listed pro	operty) pi	aced II	n servi	ce during			
the tax year							14	_	
15 Property subject to section 168							15	+	22.254
6 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions)									20,964.
Part III MACRS Depreciation	(Do not include listed pro)					
		Sectio	n A				1	_	
17 MACRS deductions for assets ;	placed in service in tax ye	ars beginning be	fore 2009	9			_ 17	Щ.	
18 If you are electing to group any assets plan									
Section B -	Assets Placed in Service			Jsing '	the G	eneral Deprecia	ation Sys	stem	<u> </u>
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investr only - see instru	nent use		Recovery period	(e) Convention	(f) Method	1	(g) Depreciation deduction
19a 3-year property									
b 5-year property									
c 7-year property		1	,249.	7	YRS	. MO	200D	В	45.
d 10-year property			-					1	
e 15-year property								十	
f 20-year property								\top	
g 25-year property				2	5 yrs		S/L	\top	
	/			1	'.5 yrs.	MM	S/L	\top	
h Residential rental property	/			1	5 yrs	ММ	S/L	\top	
	,				9 yrs	MM	S/L	+	
 i Nonresidential real property 	, , ,				- 	MM	S/L	+	
Section C - A	ssets Placed in Service	During 2009 Ta	x Year U	sina th	ne Alte			 vste	m
20a Class life							S/L	/!!!	···.
b 12-year				1	2 yrs		S/L	-	
c 40-year		•			0 yrs	ММ	S/L	+	
Part IV Summary (See instruc				1	· ,13	IAIIAI	1 3/L		
							100	\top	2 200
21 Listed property Enter amount f		a 10 and 00 :		٠ ـ ـ ـ ـ	lina Od		21	+	3,289.
22 Total. Add amounts from line 19									24 200
Enter here and on the appropria	•	•	•	uons - I	see in:	sır	22	+-	24,298.
23 For assets shown above and pl	-	current year, en	iter the		_				
portion of the basis attributable	to section 263A costs				23			\bot	

Form 4562 (2009)

WORKERS LOCAL NO 90

06-0400792 Page 2

	Section A, all		and Sec										b, colum	ıns (a) ———
Section /	- Depreciation	on and Other	Informa	tion (Ca								-		
24a Do you have evidence to	support the bu	siness/investme	nt use cla	umed?	X Ye	es 🗀	No	24b If "Y	es," is th	e evider	nce writte	en? X		No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ott	(d) Cost or her basis		(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	ention	Depre	n) ciation ction	Elec	n 179
25 Special depreciation a	llowance for q	ualified listed	property	placed	in servic	e during	the ta	x year an	d	T				
used more than 50% i										25				
26 Property used more th	ian 50% in a q													
			6											
GEN EDVENIE 1	 		6		_							200		
STATEMENT 1			6								3,	289.		
27 Property used 50% or	less in a quali				<u> </u>				0.0					
	<u> </u>		6						S/L·					
			6				-		S/L·					
		-	6		01				S/L·		2	200		
28 Add amounts in colum		-				page 1				28	٥,	289.		
29 Add amounts in colum	in (I), IINE 26. E		ection E				-4 V - b	inlan				29		
Complete this section for If you provided vehicles to those vehicles			er the qu	estions	ın Section	on C to	see if y	ou meet a	n excep	tion to c	completir		-	
aa Total husinassiinvastmai	at mulae druga d	uring the	1	a) ncle		o) nicle		(c) ehicle	(c Veh	-	(e Veh	· .	(f Veh	-
30 Total business/investmer year (do not include cor		urniy urc	V 61	ilcie	V CI	licie	, v	3111010	Ven	ICIG	Ven	icic	V C11	1010
31 Total commuting miles		the year					<u> </u>							
32 Total other personal (r	•	•												
driven	ioncommuning) miles												
33 Total miles driven duri	ng the year													
Add lines 30 through			•											
34 Was the vehicle availa		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	·				,,,,,									
35 Was the vehicle used		more								•				
than 5% owner or rela														
36 is another vehicle ava	lable for perso	nal												
use?						<u> </u>	<u></u>							
	Section C	- Questions	or Empl	oyers W	ho Pro	vide Vel	nicles f	or Use b	y Their E	mploye	es			
Answer these questions to	determine if	you meet an e	xception	to com	pleting S	Section I	3 for ve	ehicles us	ed by en	nployee	s who ar	e not m	ore than	5%
owners or related persons														1
													Yes	No
37 Do you maintain a wri	tten policy stat	ement that pr	ohibits a	ıll persor	nal use c	of vehicle	es, ınclı	uding cor	nmuting,	by you	r			X
37 Do you maintain a write employees?	tten policy stat	ement that pr	ohibits a	ill persor	nal use o	of vehicle	es, ınclı	uding cor	nmuting,	by you	7		_	_A
employees? 38 Do you maintain a writ	tten policy stat	ement that pr	ohibits p	ersonal	use of v	ehicles,	except	t commut	ing, by y		7			
employees? 38 Do you maintain a writering employees? See the iii	iten policy stat	ement that pi	ohibits p	ersonal orate of	use of v	ehicles,	except	t commut	ing, by y		T			х
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 38 Do you maintain a writemployees? See the indexed and see the seed of the vehicles. 40 Do you provide more the use of the vehicles. 41 Do you meet the requirement of the vehicles. 41 Do you meet the requirement. 42 Amortization. (a) 	tten policy state instructions for vehicles by er than five vehics, and retain the irements concept 37, 38, 39, 4 and costs	vehicles used nployees as ples to your emerime information erning qualifie 0, or 41 is "Ye	ohibits p by corp ersonal i aployees, received d autom s, " do no (b) amortization begins	personal porate of use? , obtain i 1? obile dei	use of v ficers, d nformat monstra ete Sec	rehicles, irectors, ion from tion use	except or 1% your e	commut or more employees overed ve	ong, by youngs, by you	our (e)	bon	Ar fo	nortization	X X X
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employees? 38 Do you maintain a writer employees? See the ii and the seed of the vehicles of	tten policy state instructions for vehicles by er than five vehics, and retain the irements concept 37, 38, 39, 4 and costs	vehicles used nployees as ples to your emerime information erning qualifie 0, or 41 is "Ye	ohibits p by corp ersonal i aployees, received d autom s, " do no (b) amortization begins	personal porate of use? , obtain i 1? obile dei	use of v ficers, d nformat monstra ete Sec	rehicles, irectors, ion from tion use	except or 1% your e	commut or more employees overed ve	ong, by youngs, by you	(e)	bon	Ar	nortization	X X X

Form **4562** (2009)

916252 11-04-09