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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)

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

OMB No 1545-0047 2009 Open to Public Inspection

A For the 2	2009 calendar y	ear, or tax year begin	ning	and ending						
B Check if appl		C Name of organization	INTERNATIONAL B	ROTHERHOOD O	F		0	Emplo	yer identif	ication number
Address cha	use IRS label or		PAINTERS & ALLI	ED TRADES LO	CAL 11	.22				
Name chang		Doing Business As						<u> 06-</u>	<u>06937</u>	28
Initial return	type.	Number and street (or F	O box if mail is not delivered to street	address)		Room/sui	te E		one numbe	
	000	597 BROAD	STREET					860	<u>-442</u> -	8281
Termination	Specific Instruc-	City or town, state of	r country, and ZIP + 4				G	Gross rece	pts \$	124,929
Amended ref	eturn tions .	NEW LONDON	CT	06320	_					
Application p	pendino F Nam	e and address of princip	al officer				F	l(a) Is this a	a group return	for
							١.	affiliate		Yes X N
	-							l(b) Are all include	affiliates d?	Yes N
								If "No,"	attach a list (see instructions)
I Tax-exem	pt status X	501(c) (5)	 (insert no) 4947(a)(1) or 527						•
J Website:	► N/A	_	······································				H	(c) Group	exemption nur	mber 🕨
Type of orga	anization X Co	rporation Trust	Association Other		L,	Year of form			M State of le	
Part I	Summa				•					
			ssion or most significant acti	vities						
- 1	•	-	ATION FOR LOCAL E							
Activities & Governance 3 No 3 No 4 No 5 To 6 T			,							
<u> </u>			•	•			• • •	•	•	
Õ 2 Ch	neck this box I	if the organizat	ion discontinued its operatio	ne or disposed of m	ore than 2	5% of ite	net acce	e		-
5 2 0					ore man 2	J /6 UI IIS	1161 4556		9	
S A NU			verning body (Part VI, line 1a	•				3	9	
			ers of the governing body (P	rart vi, line ib)				4	0	
) 5 10		employees (Part V, I		•				5		
		volunteers (estimate	- · ·				•	6	0	
1	•		ue from Part VIII, column (C), line 12				7a		
b Ne	et unrelated bu	ısıness taxable ıncom	e from Form 990-T, line 34	••	···		D-i V	7b		
		received.	44		ŀ		Prior Year		Cur	rent Year
				•	ŀ		121	,085		122,338
9 Pro	ogram service	revenue (Part VIII, li	ne yeg		}					
6 10 lnv	vestmerpinco	me Part VIII, column	(Am) nes 3, 4, and 7d)	44.				,157		1,168
			ines 5, 6d, 8c, 9c, 10c, and		}			, 911		1,423
12 To	otal revenue –	add lines 8 through 1	十(must equal Part VIII, colu	mn (A), line 12)			135	,153		124,929
			t IX, column (A), lines 1–3)							
	-	•	TX, column (A), line 4)	•						
ဖွူး 15 Sa			ee benefits (Part IX, columr	n (A), lines 5–10)			9	,100		9,162
15 Sa 16a Pro b To	ofessional fun	draising fees (Part IX	, column (A), line 11e)							
b To	otal fundraising	expenses (Part IX, o	column (D), line 25)							
	ther expenses	(Part IX, column (A),	lines 11a-11d, 11f-24f)					,466		110,834
18 To	tal expenses	Add lines 13-17 (mu	st equal Part IX, column (A),	, line 25)			159	,566		119,99
19 Re	evenue less ex	cpenses. Subtract line	e 18 from line 12				-24	,413		4,933
683			·			Beginni	ng of Curre		En	d of Year
틀 20 To	otal assets (Pa	rt X, line 16)						,047		91,987
20 To 21 To 22 Ne	otal liabilities (F	Part X, line 26)		_			1	,330		1,750
	et assets or fu	nd balances. Subtrac	t line 21 from line 20				80	,717		90,237
Part II	Signatu	re Block								
	Under pena	Ities of penury, I declare	that I have examined this return,	including accompanyin	na schedules	and state	ments, and	to the bes	at of my knc	wledge
			nplete Declaration of preparer (o							
ign				1				1		
lere	Signati	ure of officer	1 1 M					Date		-
		MES FADEN	() /) tall	·	PRESI	DENT		4-	5-20	010
	 -	r print name and title	70 1100				-			
		A DIMENDING CING CING	/0 - 1				Ob 1- 16		Preparer*	s identifying number
aid	Preparer's	0,1	Malt	001	Date		Check if self-		(see instr	uctions)
reparer's	signature	1 /un	W HOY	TH	04/0	<u>3/10</u>	employed			<u> 167078</u>
se Only		e (or yours L GOT)		IPPETTI LI	LC			EIN ▶	20	-169699
se Unity	if self-emplo		NEW LONDON RD					Phone		· _ ·
	address, an		TON, CT 06340	-4869				no 🕨	860-	536-328
ay the IRS	discuss this r		er shown above? (see instru							Yes N
			t Notice, see the separate i				•			om 990 (2009
AA										

Part IV	Checklist	of Required	Schedules
I CHILLE	CHECKHOL	OI IXEGUII EG	ocifedules

			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)	_		3 7
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,"			v
7	complete Schedule D, Part I	_ 6		X
'	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	_		x
8		_7_		
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		
•	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	<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
•	VII, 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.			
•	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 related in Part X, line 15 that is 5% or more of its total assets			
	reported in 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			
	Schedule D, Parts XI, XII, and XIII.	12		_X_
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.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a		14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.5
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ایرا		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ایر		v
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more bospitals? If "Yes " complete Schedule H	19	-+	$\frac{\mathbf{x}}{\mathbf{x}}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	900	

Part IV **Checklist of Required Schedules (continued)**

			1	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				v
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		22	-	Х
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	•	23	\vdash	
_ 7a	\$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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1		
_	to defease any tax-exempt bonds?		24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•	24d		
25a	· · · · · · · · · · · · · · · · · · ·				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		ľ
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		х
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 Schedule L, Part III	_	27		Х
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):				ĺ
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		Х
C	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	Ш	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Ш	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-		
	conservation contributions? If "Yes," complete Schedule M		30	\sqcup	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ		l
	Part I		31		Х
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				v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33	\vdash	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,				v
25	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	•	34		X
35	Schedule R, Part V, line 2		35		х
36	• • •	•	. 35	\vdash	
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		30	 	
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1		
	Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		"	\vdash	_
. •	19? Note. All Form 990 filers are required to complete Schedule O		38		х
				990	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
				_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
	U.S. Information Returns. Enter -0- if not applicable	1a	7			
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 r	eportab	ole			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	_			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret		-	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se	е				
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	red by				.
	this return?			3a		X_
b	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 othe					
	over, a financial account in a foreign country (such as a bank account, secunties account, or other f	mancia	I	40		x
b	account)? If "Yes," enter the name of the foreign country: ▶		•	4a		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	n Rank				
	and Financial Accounts.	Dank				
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 transit	action?		5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re					
	Prohibited Tax Shelter Transaction?			5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or				
	gifts were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods				
	and services provided to the payor?			7a	_	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	•	7b	_	├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas				
	required to file Form 8282?	1 -:	1	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	7d	<u> </u>	\dashv		
θ	benefit contract?	person	idi	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7 6	 	\vdash
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		•	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	•	• • • •			
•••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	•	• ••			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoning	9				
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	·	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	-		
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	11a	 	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441				
425	amounts due or received from them) Section 4947(a)(4) per example sharifable trusted to the organization filing Form 990 in liqu of Form	11b		-	1	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-	12a		
	in 100, onter the amount of tax-exempt interest received of accided during the year	120	'J		990	(2009)

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							
_		1.2		0			Yes	No
1a	Enter the number of voting members of the governing body	-	a	9				
ь	Enter the number of voting members that are independent		b			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							X
•	any other officer, director, trustee, or key employee?					2		
3	Did the organization delegate control over management duties customarily performed by or under the direct							x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	- C)-	٦٥	•		4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	sine	u,	•		5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?					6	-	X
6	Does the organization have members or stockholders?					-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members							v
	of the governing body?			•	•	7a		X
Ъ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?					7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following.						v	
a	The governing body?					8a	X	
b	Each committee with authority to act on behalf of the governing body?					8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					ł _		7.5
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 4 -		. 1		9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the	Inte	erna	àl .				
<u>Rev</u>	renue Code.)					-		
							Yes	No
10a	Does the organization have local chapters, branches, or affiliates?					10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with those of the organization?					10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the							
	form?				•	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13					12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?					12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this is done					12c	ļ	
13	Does the organization have a written whistleblower policy?					13		X
14	Does the organization have a written document retention and destruction policy?					14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?						
а	The organization's CEO, Executive Director, or top management official					15a		X
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.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?					16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard							
	the organization'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 (501(c)(3	3)s or	ıly)					
	available for public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of ii	ntere	st					
	policy, and financial statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of th	е					
-	organization ▶ JAMES FADEN 597 BROAD STREET							
N	EW LONDON CT 063	320)		860) - 4 4	2-8	281

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.

Check this box if the organization	n did not compe	nsate	e any	/ cur	rent	offic	er, d	irector, or trustee.		
(A) Name and Title	Name and Title Average					that a		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SARAH WILLIAMS TRUSTEE	·	x						750	0	0
KEN ROLAND										
TRUSTEE		X	<u> </u>		ļ	<u> </u>		750	0	0
MARK PATTERSON TRUSTEE	1	x						750	0	o
TROY GRANT										
WARDEN]	X			<u> </u>	<u> </u>		312	0	0
DAVID FADDEN FIN. SECT.				x				2,500	0	0
CHARLES V. BOUGH	TON	1								
TREASURER]	<u> </u>		X				1,300	0	0
RAYMOND PEABODY REC. SECT.	-			x				1,300	0	o
JAMES FADDEN		╁		^				1,300		
PRESIDENT	•			x				1,000	0	0
JOHN LACHAPELLE								-		
V.PRESIDENT				X				500	0	0
							<u> </u>			
	1									
									-	
					-					<u>-</u>
	<u> </u>							-		
~	 									
	-	╁		-		-				
	<u> </u>						L			

Part VII Section A. Officers (A) Name and Title	(B) Average			((C)	that a			(E) Reportable	(F) Estmated
	hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1b Total	•						▶	9,162		
2 Total number of individuals (i reportable compensation from				thos	se lis	sted a	abov	e) who received more than	1 \$100,000 in	
 3 Did the organization list any femployee on line 1a? If "Yes, 4 For any individual listed on line the organization and related cindividual 5 Did any person listed on line 	" complete Sche ne 1a, is the sum organizations gre 1a receive or acc	dule of re ater	J for eport than comp	suc able \$15 pens	con con 0,00	dividi npen: 10? If n froi	ual satio "Ye n ar	on and other compensation is," complete Schedule J fo ny unrelated organization fo	from or such	Yes No 3 X 4 X
services rendered to the orga Section B. Independent Contract		" cor	mple	te S	ched	dule .	J for	such person .		5 X
Complete this table for your f compensation from the organ	ive highest comp	ensa	ited	ınde	pend	dent (cont			
Name an	(A) d business address			<u>-</u>				Descri	(B) ption of services	(C) Compensation
							-			
		_					-			
							-	<u> </u>		
							+			
2 Total number of independent	· · · · · · · · · · · · · · · · · · ·	_	-			ted to	the	se listed above) who recei	ved	
more than \$100,000 in comp	ensation from the	org	anız	ation					_	0 Form 990 (2009

<u>ra</u>	rt VI	ii Staten	nent of Reve	nue		······			(a) T	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 9	12	Endorated can	nnaigne	1a	•			TOVERTUD		012, 010, 01014
ᆵ		Federated can		1b	·					
Contributions, gifts, grants and other similar amounts		Membership d Fundraising ev		1c						
r a		Related organi		1d						
S,E		Government grants		1e						
Sign		All other contribution	•	10						
	'	and similar amounts		1f						
들힘	~		ns included in lines 1a-		<u> </u>					
유민	_	Total. Add line		11 4		_ 1				
-		Total. Add line	<u> </u>			Busn. Code				
Program Service Revenue	2-	2000112	DURG			Busn. Code	122,338	122,338		······································
Š	2a	REGULAR	DUES				122,550	122,330		
8	b				٠	 		.,,		
اکّ	C					 				
Š	d					 				
Jra	0	All ather are an				 				
ĕ			am service reve	nue		-	122,338			**
긕		Total. Add line			da !=4===		122,330			
	3		come (including	uividen	as, mere	st, and	1,168			1,168
		other similar amounts)				roccodo	1,100			
		4 Income from investment of tax-exempt bond p 5. Povalties			loceeds					
	5	Royalties	(ı) Real	ſ	(n) E	Personal				
	6-	Gross Rents	(i) ixeai		(11) 1	ersonar				
	6a									
	b	Less rental exps								
	C	Rental inc or (loss)					İ			
	d 7a	Net rental inco Gross amount from		:	/u\	Other				· · · · · · · · · · · · · · · · · · ·
		sales of assets		,		0.1.01				
	_	other than inventory			L					
	b	Less cost or other								
	_	basis & sales exps								
		Gain or (loss)	\			•				
	d	Net gain or (lo	om fundraising eve	_{nto} [•					
enue	oa		om fundraising eve	11125						
9		(not including \$	reported on line 1c	.		1				
Re		See Part IV, line	•	· I						
Other Reve	_		•	a						
ᅙ		Less: direct ex	r (loss) from fund	j d ogravan	ovente					
			om gaming activitie		GACILIS		<u>-</u>			
	Ja	See Part IV, line		a a					l	
	h	Less: direct ex		ь						
			r (loss) from gan		tivities	•				· ·
			f inventory, less	- 6				-		
		returns and all	•	а						
	b	Less: cost of		ь						
			(loss) from sale	(entory	•				•
	Ť		ellaneous Revenue			Busn. Code	 			,
	11a	MORTUARY	FUND FEES				750	750		
	b		NEOUS FEES				673	673		
	С									
	d	All other rever	nue .							
	е	Total. Add line	es 11a-11d	_		▶	1,423			
	12_	Total Revenu	e. See instructio	ns.	•	•	124,929	123,761	0	1,168

Part IX Statement of Functional Expenses

Form 990 (2009)

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	7 0 20. 0 1,000	expenses	general expenses	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. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	9,162			
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 salanes and wages		• •		
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		· - -		
11	Fees for services (non-employees):		· - ,		_
''	Management				
b	Land		···	· -	
c	Accounting	1,600			_
d	Lobbying			 	
	Professional fundraising services See Part IV, line 17				
e	Investment management fees				
'-	-		.		
g 12	Other				
12 13	Advertising and promotion	940		· · · ·	
	Office expenses Information technology	<u></u>			
14	- -				
15	Royalties	7,200	 .		
16	Occupancy	7,200	·····		
17	Travel		· • ·	-	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		<u>-</u>	 	
19	Conferences, conventions, and meetings			 	
20	Interest			 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	-		-	
	Other company there's a rest				
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.)	96,220			
a	PER CAPITA TAX				
b	MORTUARY FUND BENEFIT PAI	2,000 1,324		-	
C	TELEPHONE		_		
d	CONFERENCE AND TRAVEL	1,000			
е	DONATIONS TO PUBLIC CHARI	500			
f	All other expenses	50		<u> </u>	+
_25	Total functional expenses. Add lines 1 through 24f	119,996		1	
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DA 4	fundraising solicitation			<u> </u>	Form 990 (2009)
DAA					rom 350 (2009)

Part 3	Balance Sheet				
			(A)		(B)
		 	Beginning of year		End of year
1	Cash—non-interest bearing		19,340	1	23,163
2	Savings and temporary cash investments		25,395	2	25,918
3	Pledges and grants receivable, net	-		3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, truste	ees, key			
	employees, and highest compensated employees. Complete	Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined under	er section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). C	omplete			
	Part II of Schedule L			6	
Assets	Notes and loans receivable, net	•		7	
SS 8	Inventories for sale or use	•		8	
4 9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or]			
	other basis. Complete Part VI of Schedule D	a 13,768			
Ь	Less: accumulated depreciation 10			10c	
11	Investments—publicly traded securities		35,982	11	41,156
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		1,330	15	1,750
16	Total assets. Add lines 1 through 15 (must equal line 34)	•	82,047	16	1,750 91,987
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue	•		19	
20	Tax-exempt bond liabilities	•		20	
	Escrow or custodial account liability. Complete Part IV of Sch	nedule D		21	
Liabilities 52	Payables to current and former officers, directors, trustees, k	·			
≣ ~	employees, highest compensated employees, and disqualified				
<u>.</u>	persons. Complete Part II of Schedule L	,,,		22	
ے ₂₃	Secured mortgages and notes payable to unrelated third part	hes		23	
24	Unsecured notes and loans payable to unrelated third parties			24	· <u></u>
25	Other liabilities Complete Part X of Schedule D	•••	1,330	25	1,750
26	Total liabilities. Add lines 17 through 25	•	1,330		1,750
	Organizations that follow SFAS 117, check here ▶ an				
Š	complete lines 27 through 29, and lines 33 and 34.	ı u			
	Unrestricted net assets			27	
B 28	Temporarily restricted net assets			28	
면 29	• • • • • • • • • • • • • • • • • • • •	•		29	
5 23	Organizations that do not follow SFAS 117, check here	X			
ᆫ	and complete lines 30 through 34.				
<u>o</u>	•		73,353	30	İ
\$ 30		A	, , , , , , ,	31	
85 31	Paid-in or capital surplus, or land, building, or equipment fun	•	7,364		90,237
Net Assets or Fund Balances	•	ci iulius .	80,717		90,237
⋽ 33	Total net assets or fund balances		82,047		91,987
2 34	Total liabilities and net assets/fund balances	·	02,047	34	<u> </u>

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	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		X
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
С	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			İ
	Schedule O.			ĺ
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 Consolidated basis Both consolidated and separate basis			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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	3b		<u> </u>
		Fom	n 990	(2009)

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.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization INTERNATIONAL BROTHERHOOD OF 06-0693728 PAINTERS & ALLIED TRADES LOCAL 1122 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Part || Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

1,750 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

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 for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 INTERNATIONAL BROTHERHOOD OF			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financial Sta	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	·
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2	·
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	
	Reconciliation of Revenue per Audited Financial Statem		Return	
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	() .		
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a h	Other (Describe in Part XIV)	4b		
b	Add lines 4a and 4b	. —————————————————————————————————————	4c	
C 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5	
5 D:	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses r		
1	Total expenses and losses per audited financial statements	monto ivital Expenses p	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
a	•	2b		
b	Prior year adjustments	2c		
C	Other losses	2d		
d	Other (Describe in Part XIV)			
9	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1	ſ	-3-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b	48		
b	Other (Describe in Part XIV.)	4b	- - ₄₋	
	Add lines 4a and 4b	•	. 4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
_	rt XIV Supplemental Information		41	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III.			
	2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	, lines 2d and 4b. Also complet	ie	
this	part to provide any additional information			
		-		
- ·				
	- 			_
	-		-	
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Schedule D (Form 990) 2009						9	INTERNATIONAL BROTHERHOOD OF ntal Information (continued)											?	06-0693728										Page 5							
P	urt .	XΪ\	ï	Su	laa	em	ent	al I	nfo	rm	atio	on ((coi	ntin	uec	<u>(t</u>													_							
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES LOCAL 1122

Employer Identification number 06-0693728

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE MEMBERS OF THE GOVERNING BODY BEFORE SUBMISSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC