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Form **990** 

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.

2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Please USE IRS ELECTRICAL WORKERS IBEW AFL-CIO label or Address change LOCAL 42 print or Name change type 06-0856238 Doing Business As Initial retum Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-379 WETHERELL STREET (860)646-7297 Instruc-Amended return 1,428,358. tions City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-MANCHESTER, CT 06040 H(a) Is this a group return pending F Name and address of principal officer: MILTON R. MOFFITT, JR. Yes X No for affiliates? 379 WETHERELL STREET, MANCHESTER, CT H(b) Are all affiliates included? Yes Tax-exempt status:  $\overline{X}$  501(c) ( 05 )  $\triangleleft$  (insert no.)  $\square$  4947(a)(1) or  $\square$  527 If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ X Association L Year of formation 1970 M State of legal domicile: CT Corporation Trust Other > K Form of organization Briefly describe the organization's mission or most significant activities: LOCAL 42 REPRESENTS UNION Activities & Governance MEMBERS IN NEGOTIATION OF BENEFITS AND COLLECTIVE BARGAINING Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Revenue 1,745,338. 1,253,881. Program service revenue (Part VIII, line 2g) 185,267. 160,242. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,223. 18,009. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,422,346. 1,948,614. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 78,563. 77,621 Benefits paid to or for members (Part IX, column (A), line 4) 662,724. 492,479 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Rart-IX-column (A), line 11e) ... b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines (3a 11d, 11f-24f) 520,252. 564,550. Total expenses Add Anes (3.17 (1) 14) equal part IX, column (A), line 25) ,090,352. 1,305,837. Revenue less expenses. Subtract line 18 tron line 12 858,262. 116,509. **Beginning of Current Year End of Year** Total assets (Part 2, line 46) 5,919,828. 5,803,319 21 Total liabilities (Part X, line 26) 5,803,319. 5,919,828. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer is based on all information of which preparer has any knowledge. Sign Signature of officer Here MILTON R. MOFFITT, JR., BUSINESS MANAGER Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid selfsignature employed ▶ Preparer's Firm's name (or NOVAK FRANCELLA EIN ▶ Use Only self-employed). TWO BALA PLAZA, SUITE 501 address, and Phone no.  $\triangleright$  610-668-9400 BALA CYNWYD, PA 19004 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pal	tali Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	LOCAL 42 REPRESENTS UNION MEMBERS IN NEGOTIATION OF BENEFITS AND
	COLLECTIVE BARGAINING AGREEMENTS, DISPUTE SETTLEMENT BETWEEN
	EMPLOYEE/EMPLOYER, OBTAINING EMPLOYMENT, AND REPRESENT MEMBERS, ETC.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 000 or 000, E72
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) REPRESENTS THE UNION MEMBERS IN LABOR AND CONTRACT NEGOTIATIONS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4-	
<u>4e</u>	Total program service expenses ▶\$

LOCAL 42 06-0856238 Page 3 Form 990 (2009) 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	ļ	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
	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		L
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		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
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	ļ
•	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 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			
12	Schedule D, Parts XI, XII, and XIII.	12		Х
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	<del>``-</del> -	<del>                                     </del>	<del> </del>
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			Γ
-	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	<b> </b>	X
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		X
		Form	990	(2009)

LOCAL 42 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 X 21 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 X 22 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 X Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24ь 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 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 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 Х 26 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 X Schedule L. Part III 27 . . . . . . . . . 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was X an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 . . . 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 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 ... X 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .... Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2 ..... Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 . . . . Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

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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.

	ELECTRICAL WORKERS IBEW AFL-CIO			
	990 (2009) LOCAL 42 06-0856	238	_ P	age 5
Par	t 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	<i>s</i>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	il .		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-	
	filed for the calendar year ending with or within the year covered by this return 2a	,		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	х	1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20		ļ
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	2-		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		<u> </u>
		3b	<del></del>	├
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	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			
E _	Financial Accounts.	i _		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	<u> </u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	l _		
e	Tax Shelter Transaction?	5c		├
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	١.		<sub>U</sub>
	any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6ь	ļ	ļ
	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			,,
	provided to the payor?	7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>├</b>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_ '		1
	benefit contract?	7e		<del></del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
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 sponsoring organization, have excess business holdings			
_	at any time during the year?	8		ļ
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ŧ	ł

12a

10ь

11a

11b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

b Gross income from other sources (Do not net amounts due or paid to other sources against

.. . . ... .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders

amounts due or received from them.)

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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		2		
b	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		
_	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
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 members of the			
	governing body?	7a_	X	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	<u> </u>
ь	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	1,,	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			.,
12a	, , , , , , , , , , , , , , , , , , , ,	12a		<u>X</u>
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
40	in Schedule O how this is done	12c		v
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
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?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		X
_	• • • • • • • • • • • • • • • • • • • •	16a		
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?	465		
Sec	tion C. Disclosure	16b	1	
17	List the states with which a copy of this Form 990 is required to be filed NONE	-		<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	IUI		
	Own website Another's website X Upon request			
40	·	nal 6-		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	iia tina	incial	
20	·	tion. Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $OFFICERS - (860) 646-7297$	uon: 🕨		
	379 WETHERELL STREET, MANCHESTER, CT 06040			

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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.

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	Positio						Reportable	Reportable	Estimated		
	hours	(cl	(check all that			nat apply)		compensation	compensation	amount of		
	per	į						from	from related	other		
	week	E E		İ		몺		the	organizations	compensation		
		8	Sta			msat		organization	(W-2/1099-MISC)	from the		
	1	琶			8	ğ.	İ	(W-2/1099-MISC)		organization and related		
		ndividual trustee or director	Institutional trustee	   52	Кеу етріоуес	loyer loyer	펄			organizations		
		2	퇄	Officer	ā,	Highest compensated employee	퉏			Organizations		
MICHAEL CARDOZE				_								
BOARD MEMBER	2.00			X				700.	0.	0.		
R. WILLIAM RISLEY, JR.												
TREASURER	2.00			Х				1,200.	0.	0.		
MILTON R. MOFFITT, JR.												
BUSINESS MGR/FIN.SEC.	45.00			X				135,040.	0.	33,733.		
ROBERT SHEA	2 00			١.,				000	0			
BOARD MEMBER	2.00	<u> </u>	<u> </u>	Х	-		<u> </u>	900.	0.	0.		
MARK R. FUSCO PRESIDENT	2.00	1		x				2,198.	0.	0.		
FRANKLIN D. RISLEY	2.00		-	^			-	2,130.	0.	<u>-</u>		
BOARD MEMBER	2.00	Ì		X				1,000.	0.	0.		
JOHN BIEHN, III	2.00	$\vdash$	-	-	$\vdash$		<u> </u>	1,000.				
VICE PRESIDENT	2.00			X				800.	0.	0.		
SANDRA GREEN			† <del>-</del>	<del></del>	-		<u> </u>					
RECORDING SECRETARY	2.00		1	Х				1,000.	0.	0.		
DANA FOSTER												
BOARD MEMBER	2.00			X	l	L		1,200.	0.	0.		
MICHAEL TREADWELL												
BUSINESS REP.	40.00					X		116,062.	0.	32,360.		
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Page 8

Pa	VII Section A. Officers, Directors, Tr	ıstees, Key E	mplo	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	<del></del>			
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	<b> </b> ,_,			ition		, s. s.	Reportable	Reportable			timate	
		hours per		neci	( ali	that	app	iy)	compensation	compensation from related			ount	of
		week	Individual trustee or director		ļ		ļ		the	organizations			other oensa	ition
			90.0	18			sated		organization	(W-2/1099-MISC			om th	
			trat	ള		88	mper		(W-2/1099-MISC)			_	anizat	
			Motea	Institutional trustee	늉	Кеу етріоуев	Highest compensate employee	ē					l relat nizatı	
			2	턀	Office.	₹.	三星	ᅙ				orga	ınzan	OHS
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			ŀ											
_1 b	Total	•	·	٠			<b></b>		260,100.	(	) <b>.</b>	66	5,0	93.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wt	no re	eceived more than \$100	,000 in reportable				
	compensation from the organization													2
_											L		Yes	No
3	Did the organization list any former officer,				y em	ploy	yee,	or h	nighest compensated er	nployee on			1	v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su					 ation				tha araanimetica	<u> </u>	3		X
•	and related organizations greater than \$15									ine organization	Ì		х	
5	Did any person listed on line 1a receive or a			-						 ices rendered to	·	4		
	the organization? If "Yes," complete Sched	•			<u>.</u>	,			·			5	Ì	X
Sec	tion B. Independent Contractors	<u></u>											•	
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	∍nsat	ion fr	om	
	the organization. NONE									· · · · · · · · · · · · · · · · · · ·				
	(A) Name and business	address							(B)  Description of s	envices	Cor	O)	) Isatio	_
								-+	- Booonpaon or o	CI VIOCO		inper	3410	
					-	_		寸	<del></del>					
														-
								_						
								$\dashv$						
2	Total number of independent contractors (i	ncluding but a	Ot lie	nito	d to	tho	مرا مو		l above) who received -	ore than				
-	\$100,000 in compensation from the organization		Jt III		. (O	(110:	_	, cu	i above, who received it	iora man				
	The state of the s				_			_	<del></del>		F(	orm S	90 ¢	2009)

		(2009) LOCAI	<u> 42</u>				06-0856	238 Page 9
Pa	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about	nts, and ove 1f					
and		Noncash contributions included in lines  Total. Add lines 1a-1f	s 1a-1f \$					
	2 a b	MEMBERSHIP DUES		Business Code	1,245,481. 8,400.	1,245,481. 8,400.		
Program Service Revenue	c d e f	All other program service reve	enue					
-		Total. Add lines 2a-2f			1,253,881.		<del></del>	
	3	Investment income (including other similar amounts)			144,754.			144,754.
	5	Royalties	1	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>	
	6 a	Gross Rents Less: rental expenses	(i) Real	(ii) Personal				
	c							
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses		6,012.				
		Gain or (loss)		15,488.	f 1			
9		Net gain or (loss) Gross income from fundraisin	-	. •	15,488.			15,488.
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	o 1c). See a b					
- 1		Net income or (loss) from fund		<u> </u>		-		
:		Part IV, line 19 Less: direct expenses	а					
- {		Net income or (loss) from gan		. •				
		Gross sales of inventory, less and allowances	a					
		Less: cost of goods sold .  Net income or (loss) from sale	b of inventors					
f	<u> </u>	Miscellaneous Revenu		Business Code	-		······································	
ı	11 a	SALE OF PROMOTI		900099	8,223.	8,223.		
	b							
	C							
	d	All other revenue	•	L	8,223.			<del></del>
	e 12	Total. Add lines 11a-11d .  Total revenue. See instructions.		<b>&gt;</b>	1,422,346.	1.262.104	0.	160,242.
93200 02-04-		. Star revenue. Gee manuchums.	······································	. <u></u>	<u> -, 122, 530  </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Form <b>990</b> (2009)

Form 990 (2009) LOCAL 42

Part IX Statement of Functional Expenses

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

	All other organizations must compl			lete columns (B), (C), and	
	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.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	78,563.			
5	Compensation of current officers, directors,		•		
	trustees, and key employees	183,835.			
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	332,292.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	49,153.			
9	Other employee benefits .	61,136.	·		
10	Payroll taxes	36,308.			
11	Fees for services (non-employees):				-
а	Management				
b	Legal	24,777.			
C	Accounting	35,616.	· · · · · · · · · · · · · · · · · · ·		
d	Lobbying		<del></del>		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
8	Other	750.			
12	Advertising and promotion				
13	Office expenses	92,165.			
14	Information technology	6,592.			·
15	Royalties				
16	Occupancy	39,175.	<u></u>		
17	Travel	13,932.	···		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	06.401	<del></del>		
19	Conferences, conventions, and meetings	96,491.			<del></del>
20	Interest	104 006			<del></del>
21	Payments to affiliates	184,996.			
22	Depreciation, depletion, and amortization	36,718.			<del></del>
23	Insurance	7,608.	·····		
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.)	14 014			
a	CONTRIBUTIONS	14,814.			
b	LABOR COUNCIL DUES	6,490.			
C	EDUCATION & PUBLICITY	3,586.	<del></del>		
d	STEWARD FEES AND MILEAG	630.	·····		
е	RETIREES EXPENSE	210.			· · · · · · · · · · · · · · · · · · ·
f	All other expenses	1 205 025			
25	Total functional expenses. Add lines 1 through 24f	1,305,837.			
26	Joint costs. Check here if following			ļ	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			LL	

Part X **Balance Sheet** (A) Beginning of year End of year 1,301. 1,551. Cash · non-interest-bearing 3,993,947. 2 3,991,916.2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 6,000. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 136,471. 133,002. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges .. .. 9 10a Land, buildings, and equipment: cost or other 247,217. basis. Complete Part VI of Schedule D 10a 128,340. 77,572. 118,877. 10ь **b** Less: accumulated depreciation 189. 189. 11 11 Investments - publicly traded securities 1,593,839. 1,668,293. 12 Investments · other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets . . . Other assets. See Part IV, line 11 15 15 5,803,319. 5,919,828. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D . . . . . 25 Ō. Total liabilities. Add lines 17 through 25 . 26 26 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,803,319. Unrestricted net assets .... 5,919,828. 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds ... 32 32 5,803,319. 5,919,828.

> 5,919,828. Form 990 (2009)

5,803,319.

33

Total net assets or fund balances ...

Total liabilities and net assets/fund balances

Form 990 (2009)

LOCAL 42

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Pa	rt XII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH			
	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	<u> </u>
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		x
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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  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			
	Act and OMB Circular A-133?	3a		X
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		
		_	000	

Form **990** (2009)

### 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

2009

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.

mapactio

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

- 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.

f the organization answered "Y	es," to	Form 990,	Part IV,	line 5 (	Proxy Ta	x), then
--------------------------------	---------	-----------	----------	----------	----------	----------

	Section 501(c)(4), (5), or (6) organiza						
Nan		CAL WORKERS IBEW	AFL-CIO			r identification	
	LOCAL 4					<u> 16-08562</u>	38
سسا	<u> </u>	ganization is exempt und			27 orga	inization.	
	Provide a description of the organization	zation's direct and indirect politic	al campaign activities	in Part IV.			
	Political expenditures		· · · · · · · · · · · · · · · · · · ·	•	▶\$		
3	Volunteer hours .				٠		
Pε	art I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).			
	Enter the amount of any excise tax				▶\$		
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	<b>&gt;</b> \$		
3	If the organization incurred a section	on 4955 tax, did rt file Form 4720	for this year?			Yes	☐ No
48	Was a correction made?					Yes	O No
t	If "Yes," describe in Part IV.						
Pε	art I-C Complete if the or	ganization is exempt und	ler section 501(c)	, except section	501(c)(	3).	
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	<b>▶</b> \$		
2	Enter the amount of the filing organ	nization's funds contributed to of	her organizations for s	ection 527			
	exempt function activities		•		<b>▶</b> \$		
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-1			
	line 17b				<b>&gt;</b> \$		
4	Did the filing organization file Form	1120-POL for this year?				Yes	☐ No
5	Enter the names, addresses and en	• •		_	•	•	
	For each organization listed, enter						
	that were promptly and directly del	, , ,	anization, such as a se	eparate segregated fur	nd or a po	ilitical action co	mmittee
	(PAC). If additional space is needed	1	1	<del></del>			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid 1		(e) Amount of p	
				filing organizatio		entributions reco	
				ionico in none, one		delivered to a s	eparate
						political organi If none, ente	
						ii none, ente	:1-0
							·
						<del></del>	
					1		

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

LHA

	or 990-EZ) 2009 LOCA		<del> </del>		06-0	1856238 Page 2
	lete if the organizat		mpt under section	on 501(c)(3) and file	ed Form 5768	
(electi	on under section 50	)1(h)).				
	the filing organization belo					
B Check ▶ L if	the filing organization che	ked box A a	nd "limited control" pr	ovisions apply.		
	Limits on Lo The term "expenditures"			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying ex	penditures to influence pu	blic opinion (	(grass roots lobbying)			
<b>b</b> Total lobbying ex	penditures to influence a l	egislative bo	dy (direct lobbying)			
c Total lobbying ex	penditures (add lines 1a a	nd 1b)			·- ·	
d Other exempt pu	rpose expenditures .					
e Total exempt pur	pose expenditures (add lir	nes 1c and 1d	d)			
f Lobbying nontax	able amount. Enter the am	ount from th	e following table in bo	th columns.		
if the amount on li	ne 1e, column (a) or (b) is:	The lob	bying nontaxable an	ount is:		
Not over \$500,00	00	20% of	the amount on line 1e			
Over \$500,000 b	ut not over \$1,000,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000	but not over \$1,500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000	but not over \$17,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,00	0	\$1,000,	000.			
		•				
g Grassroots nonta	axable amount (enter 25%	of line 1f)				
h Subtract line 1g1	from line 1a. If zero or less	, enter -0-				
i Subtract line 1f for	rom line 1c. If zero or less,	enter -0-				
j If there is an amo	ount other than zero on eitl	ner line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section	4911 tax for this year?					Yes No
		4-Year Av	eraging Period Under	r Section 501(h)		
	(Some organizations t					
				es 2a through 2f on pa	ge 4.)	
	Lol	bbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar (or fiscal year be	- 1 18	) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying nontax	able amount					
b Lobbying ceiling	amount					
(150% of line 2a,	column(e))					
c Total lobbying ex	penditures					
d Grassroots nonta	exable amount				······	
e Grassroots ceilin	·					
(150% of line 2d,	column (e))				<u></u>	
f Grassroots lobby	ring expenditures					

# Schedule C (Form 990 or 990-EZ) 2009 LOCAL 42 06-085623 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a) 	(t	<del></del>
	Yes	No	Amo	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				
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				
a 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?	1			
ert III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c	)(5), or s	ection	
33 1(3)(3):			Yes	N
Were substantially all (90% or more) dues received pondeductible by members?		1		
Were substantially all (90% or more) dues received nondeductible by members?	-	1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  But III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and III-A, lines III-A, lines III-A, lines III-A,		2 3 )(5), or s	X X ection	
Did the organization make only in house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."		2 3 )(5), or s ine 3 is	X X ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members	art III-A, li	2 3 )(5), or s	X X ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	art III-A, li	2 3 )(5), or s ine 3 is	X X ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	art III-A, li	2 3)(5), or s ine 3 is a	X X ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	art III-A, li	2 3)(5), or s ine 3 is a	X X ection	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year	art III-A, li	2 3)(5), or sine 3 is a	X X ection enswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	art III-A, li	2 3)(5), or s ine 3 is a	X X ection enswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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) dues	art III-A, li	2 3)(5), or sine 3 is a 2a 2b 2c	X X ection enswered	
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### 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

ELECTRICAL WORKERS IBEW AFL-CIO

LOCAL 42

Employer identification number 06-0856238

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
	L	(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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space	Freservation of a cer	tilled Historic structure
•	Complete lines 2a through 2d if the organization held a qualifi	and concentration contribution in the form	. of a accompation accompation to the last
2		led conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Hold at the Fed of the Tay Year
_	Total author of concentation accompate		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a		_2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
_	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it	· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	•
7	Amount of expenses incurred in monitoring, inspecting, and e		<del></del>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?	• •	L Yes L No
9	In Part XIV, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		<u> </u>
Pa	Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	<del></del>
1a	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ec	fucation, or research in furtherance of po	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to	· ·	
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2009	LOCAL 42		

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Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	is, checl	any of the	following that	t are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c		Loan or exc	change progra	ıms				
b	Scholarly research	e	$\Box$	Other						
С	Preservation for future generations						_			
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organization	on's exer	npt purp	ose in Pa	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nızation's c	ollection?			L	<u>Yes</u>	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if org	janization a	nswered "Yes	s' to For	n 990, Pa	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?	••							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
c	Beginning balance						1c			
đ	Additions during the year .						1d			
e	Distributions during the year	•					1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.	·								
Pa	TY Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance								<u> </u>	<del>!!!!!  !'.!'</del>
b	Contributions				<u> </u>				ļ	
C	Net investment earnings, gains, and losses				<u> </u>		****************			*********
d	Grants or scholarships .								ļ	
e	Other expenditures for facilities					1				
	and programs								<u> </u>	
f	Administrative expenses .						***************************************		<u> </u>	<del>11'1</del>
g	End of year balance .								<u> </u>	
2	Provide the estimated percentage of the year	r end balance held :	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Term endowment	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for ti	he organı	zation	_	
	by:									Yes No
	(i) unrelated organizations .								3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations					-			3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	), Part X, line	10.				
	Description of investment	(a) Cost or of basis (investigation)			t or other (other)		ccumulat preciation		(d) Book	value
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
е	Other			24	17,217.		128,3	40.		3,877.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	X, colui	nn (B), line	10(c).) .			<b>&gt;</b>	118	3,877.

Schedule D (Form 990) 2009

ule D (Fo	orm 990) 2009	LOCAL	42

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value	Cc	(c) Method of valuatost or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				•
AFL-CIO HOUSING TRUST	1,618,293.	COST		
COMMON STOCK - 42 REALTY				
CORPORATION	50,000.	COST		
	30,000			
<del></del>	+	,,		<del></del>
	-		<del></del>	
	<del> </del>			
	<del> </del>			
	1 660 202			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	1,668,293.			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	3		
(a) Description of investment type	(b) Book value	Co	(c) Method of valuat ost or end-of-year mark	
		<u></u>		
		<u> </u>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )			···	
Part IX Other Assets. See Form 990, Part X, line	e 15	***************************************		······································
	) Description			(b) Book value
			•	(5) 55511 14115
		·····		<del></del>
· · · · · · · · · · · · · · · · · · ·				
<del></del>	·			<del></del>
		· · · · · · · · · · · · · · · · · · ·		
			<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		<del> </del>	. 🕨	
Part X Other Liabilities. See Form 990, Part X	, line 25.			
1. (a) Description of liability		(b) Amount	4	
Federal income taxes			1	
			1	
		<u> </u>	_	
			_	
			_	
			]	
			1	
			1	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25 )		1	
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		financial statement	e that reports the ora-	noization's liability for

	dule D (Form 990) 2009 LOCAL 42				56238	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited	l Financ	ial Sta	etements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,422,	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	2		1,305,	837.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	[	3		116,	509.
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 9		10		116,	,509.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With	Reven	ue pei	r 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					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
đ	Other (Describe in Part XIV.) 2d					
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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
ь	Other (Describe in Part XIV.) 4b					
c	Add lines 4a and 4b	••	-	4c		
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>		. 5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements Wit	th Expe	nses p	er Return		
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:					
а	Donated services and use of facilities					
b	Prior year adjustments			<b> </b>		
C	Other losses					
d	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1		-	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		-			
	Other (Describe in Part XIV.)	_				
¢	Add lines 4a and 4b			4c	<del></del>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this p					4; Part
						· · · · · · · · · · · · · · · · · · ·
					<del></del>	
			<u> </u>			

### SCHEDULE J (Form 990)

Department of the Treasury

### **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

pen to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions. ELECTRICAL WORKERS IBEW AFL-CIO

LOCAL 42

06-0856238

**Employer identification number** 

**Questions Regarding Compensation** Yes No 1a 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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Form 990 of other organizations Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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: a The organization? 5a **b** Any related organization? 5b 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: The organization? .. Any related organization? 6ь 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 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

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

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06-0856238

Schedule J (Form 990) 2009

Part if 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q.	(E)	Ð
(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
	ε	135,040.			19,292.	14,441.	168,773.	
MILTON R. MOFFITT, JR.	(ii)							
	8							
	(ii)							
	8							
	(E)							
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	(II)							
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	ε	100						
	<b>E</b>							
			Ì				Schedul	Schedule J (Form 990) 2009

### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public

Inspection

Name of the organization ELECTRICAL WORKERS IBEW AFL-CIO **Employer identification number** LOCAL 42 06-0856238 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the orga	anızation ans	wered	"Yes"	on For	m 990, Part IV	, line 25a o	r 25b, or Fo	r Form 990-EZ, Part V, line 40b.					
1 (a) Name of dis							Description		(c) (				ected?
					<del></del>							res	No
									<del>.</del>		_		
<del> </del>	<del></del>				<u> </u>				·· -				<del>_</del>
							*						
								_					<u> </u>
2 Enter the amount of tax imp	osed on the	organiz	zation	manag	ers or disquali	fied person	is during the	year un	der			<u> </u>	
section 4958	h 0			L	L 41					<b>&gt;</b> \$			
3 Enter the amount of tax, if a	ny, on line 2,	above	, reim	bursea	by the organiz	ation				<b>&gt;</b> \$			
Part II Loans to and/o	r From Int	eres	ted F	Perso	ns.			<del></del>					
Complete if the orga						line 26 or	Form 990-E	7 Part \	/ line 39	20			
(a) Name of interested	(b) Loan			1	iginal principal	1	ance due		in	(f) App		(a) W	ritten
person and purpose	the orga			(0, 0,	amount	(u) bai	ance due	defa		by bo			ment?
	То	Fro	om	1				Yes	No	Yes	No	Yes	No
							-	1					110_
						<u> </u>	·	<u> </u>					
Total .	<u>-</u>							<u> </u>	<u></u> -	<u></u>			
Part III Grants or Assis	tance Be	nefiti	ng Ir	nteres	ited Persor	ıs.							
Complete if the orga	•	wered	"Yes"						<del></del>				
(a) Name of interested	person			(b) Rel	ationship betw the o	reen interes rganization		and	nd (c) Amount and type of assistance			∍ of	
•													_
	<del> </del>												
													<u> </u>
Design Tone			!-	-4	And Dame								
Part IV Business Trans			_										
Complete if the orga	-	vered							T			(a) Sha	ring of
(a) Name of interested	person				ship between and the organi		(c) Amo	ount of		Descript transacti		organiz	ation's
			,	3013011	and the organi	Zation	Halisa	Ction		liaiisacii	OII	reven	
JACQUELYN A. MOFE	ידייים די		WT E	E O	FOFFICE	D MTT	1.4	730	EME	LOYE	r Or	Yes	No X
ACCOUNTIN W. MOLL	111		AATL	<u></u> UI	OFFICE	N MITT	14	, 130	• EPIE	TOIE	e or		
						<del></del>	<del>                                     </del>						
						<del></del>			<del>                                     </del>				
					<del> </del>				+				
							<del>                                     </del>		1				

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ELECTRICAL WORKERS IBEW AFL-CIO LOCAL 42

Employer identification number 06-0856238

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AGREEMENTS, DISPUTE SETTLEMENT BETWEEN EMPLOYEE/EMPLOYER, OBTAINING
EMPLOYMENT, AND REPRESENT MEMBERS, ETC.
FORM 990, PART VI, SECTION A, LINE 6: IBEW LOCAL 42 IS A LABOR
ORGANIZATION COMPRISED OF APPROXIMATELY 842 MEMBERS. THE QUALIFICATIONS
FOR MEMBERSHIP ARE DESCRIBED IN ARTICLE XII OF THE ORGANIZATION'S BY-LAWS,
WHICH ARE AVAILABLE UPON REQUEST, AND ARTICLES XIX AND XX OF THE
INTERNATIONAL UNION'S CONSTITUTION.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S ELECTIONS ARE
DESCRIBED IN ARTICLCE III OF ITS BY-LAWS. THE BY-LAWS ARE AVAIABLE UPON
REQUEST.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE
ORGANIZATION'S PAID INDEPENDENT PUBLIC ACCOUNTANT. IT IS THEN FORWARDED TO
THE BUSINESS MANAGER FOR REVIEW AND SHARED WITH THE EXECUTIVE BOARD. THE
FORM 990 IS THEN SIGNED BY THE BUSINESS MANAGER.
FORM 990, PART VI, SECTION B, LINE 15: OFFICERS SALARIES ARE SET FORTH IN
ARTICLE VII OF THE ORGANIZATION'S BY-LAWS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ELECTRICAL WORKERS IBEW AFL-CIO LOCAL 42

Employer identification number 06-0856238

PART XI LINE 1-THE ORGANIZATION USES MODIFIED CASH BASIS OF ACCOUNTING
AS ITS METHOD OF ACCOUNTING.
,
PART XI LINE 2B-THE ORGANIZATION WAS AUDITED ON A CONSOLIDATED BASIS
WHICH INCLUDED IBEW LOCAL 42 REALTY CORPORATION.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: JACQUELYN A. MOFFITT
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
WIFE OF OFFICER MILTON R. MOFFITT JR
(C) AMOUNT OF TRANSACTION \$ 14730.
(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF LOCAL 42
(E) SHARING OF ORGANIZATION REVENUES? = NO

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships ELECTRICAL WORKERS IBEW AFL-CIO ► Attach to Form 990. LOCAL 42 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2009
Open to Public
Inspection

Employer identification number 06-0856238

Direct controlling entity

End-of-year assets Total income চ্চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legai domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

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.) Part II

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling
		loreign country)		501(c)(3))	6 min
42 REALTY COROPORATION - 06-0925440					
379 WETHERELL STREET					
MANCHESTER, CT 06040	TITLE HOLDING CORPORATION	CONNECTICUT	501 (C)(2)		
INTERNATIONAL BROTHERHOOD OF ELECTRICAL					
WORKERS 42 PAC - 91-2064155, 379 WETHERELL					
STREET, MANCHESTER, CT 06040	POLITICAL ACTION COMMITTEE CONNECTICUT	CONNECTICUT	527		
	<del></del>				
	<del></del> -				

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

Schedule R (Form 990) 2009

LOCAL 42

Schedule R (Form 990) 2009

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

06-0856238

	(a)	( <b>q</b> )	စ	ত্ত	@	£	<u>6</u>	ε	6	6
	Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	ar a	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?
			country)		sections 512-514)		dosers	Yes No	K-1 (Form 1065)	Yes No
										_
						_				
						,				
			•							
										<del></del>
										$\dashv$
Part IV	Part IV 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	ganizations Taxable as a Co	rporation or	Trust (Complete if the	ne organization answere	d "Yes" to Form 99	0, Part IV, line 34	because it h	ad one or more re	lated

(a)	(q)	9	(d)	Ð		(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Legal domincile (state or foreign country)	Type of entity (C corp, S corp, or trust)	Sha -	Share of end-of-year assets	Percentage ownership
						;	
932162 02-04-10	26	.9			•	Schedule R (Form 990) 2009	m 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		Vac
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?		<del></del>
	•	Ta X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)	:	×
Loans or loan guarantees by other organization(s)	:	1e
	•	
f Sale of assets to other organization(s)		-X
g Purchase of assets from other organization(s)	: :	
h Exchange of assets	;	Th X
i Lease of facilities, equipment, or other assets to other organization(s)	:	;;
i Lease of facilities. equipment, or other assets from other organization(s)		i.
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)	· :	
m Sharing of facilities, equipment, maling lists, or other assets	:	T X
n Sharing of paid employees	: : : : : : : : : : : : : : : : : : : :	1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses	•	
	:	
q Other transfer of cash or property to other organization(s)	:	Tq X
r Other transfer of cash or property from other organization(s)		1r X
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	ansaction thresholds.	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) 42 REALTY CORPORATION	D	31,200.
(2) IBEW LOCAL 42 PAC	×	3,600.
(3)		
(4)		
(5)		
(9)		
832163 02-04-10	Schedu	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 LOCAL 42

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

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.

(a) (b)	(p)	(c)	9	(e)	9	(6)	3
Name, address, and EiN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI	
of entity		(state or foreign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	
							_
					_		
							-
						,	
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			-				
			_				
						Schodisto D (Form 000) 2000	0000
							990/ 4009

STERNOX COPIER   Of0195GL   Cool 16   No.   Cool 16   Second   Secon					.,,,,				****						******				171	
STATEMENT   Description   Acquired   Method   Life   Unadusted   Bass Fire   Basse Fire   Basse Fire   Deprecation   Department   Dep	Current Year Deduction				6,811.		6,516.				0									
Secondaries   Date   Date   Method   Life   Use   Oct. Originated   Description   Date   Da	Current Sec 179																			
SERENCY COPIER   Cost Of Basis   Cost Of Bas	Accumulated Depreciation	, 65	10,203.	, 39	20,433.	10,454.	14,335.	,51		, 45	*******	1,843.	457	, 24	4,843.	4	00	1,242.	890	
Bescription   Caption	Basis For Depreciation	,651	0,203	,397	Ø,	,454	458	,519		,454		,843	,457	,244	,843	4	683.	1,242.	890.	
3XEROX COPIER O70195SL 7.00 16 8,651.  7TELEPHONE SYSTEM 091296SL 7.00 16 10,203. GESTETNER 9BURSTER/DUPLO DECOLO63097SL 5.00 16 4,397. 21TRAILBLAZER 091296SL 5.00 16 10,454. 24COMPUTERS 093096SL 5.00 16 1,519. 25(D)2006 FORD F150 033107SL 7.00 16 1,519. 27MAXXUM COLLATOR 070197SL 7.00 16 1,519. 29 34AIX V4-2 SOFTWARE 021798SL 5.00 16 1,244. 35 STHERLINK XL(8); 043099SL 5.00 16 6,457. 36 WEYBOARD 670199SL 5.00 16 1,244. 36 KEYBOARD 670199SL 5.00 16 1,244. 37 MONITOR 6 KEYBOARD 070199SL 5.00 16 1,244. 38 KEYBOARD 670199SL 5.00 16 1,244. 39 KEYBOARD 670199SL 5.00 16 1,244. 49 METERY SCALE/FEEDER 061899SL 7.00 16 66.457. 49 METERY SCALE/FEEDER 061899SL 7.00 16 66.457. 49 WELLC ADDRESS 013100SL 5.00 16 1,242. 47 SYSTEM 77 METERY SCALE/FEEDER 061899SL 7.00 16 747. 48 METERY SCALE/FEEDER 061899SL 7.00 16 747. 49 WELLC ADDRESS 013100SL 5.00 16 1,242. 47 SYSTEM 77 METERY SCALE/FEEDER 061899SL 7.00 16 747. 48 METERY SCALE/FEEDER 061899SL 7.00 16 747. 48 METERY SCALE/FEEDER 061899SL 7.00 16 747. 48 METERY SCALE/FEEDER 061899SL 7.00 16 747. 49 METERY SCALE/FEEDER 061899SL 7.00 16 74.843. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 40 METERY SCALE/FEEDER 061899SL 7.00 16 747. 41 METERY SCALE/FEEDER 061899SL 7.00 16 747. 41 METERY SCALE/FEEDER 061899SL 7.00 16 747. 41 METERY SCALE/FEEDER 061899SL 7.00 16 747. 41 METE	Reduction In Basis	***			,	11			,,	- 111	.,,			<u>-</u> -	•••••	•				
Description   Date   Method   Life   Nine   Unadquasted	Bus % Excl											••								
3XEROX COPIER 070195SL 7.00 1  TTELEPHONE SYSTEM 091296SL 7.00 1  CESTETNER 091296SL 7.00 1  CESTETNER 091296SL 7.00 1  CESTETNER 091296SL 7.00 1  CONPUTERS 093096SL 5.00 1  24COMPUTERS 093096SL 5.00 1  25(D)2006 FORD F150 033107SL 3.00 1  27MAXXUM COLLATOR 070197SL 7.00 1  29  34AIX V4-2 SOFTWARE 021798SL 5.00 1  ETHERLINK XL(8); 043099SL 5.00 1  BYONEX SERVER, 070199SL 5.00 1  BYONITOR & KEYBOARD 043099SL 5.00 1  ASCOM POSTAGE  40METER/SCALE/FEEDER 061899SL 5.00 1  ASCOM POSTAGE  40METER/SCALE/FEEDER 061899SL 5.00 1  BUBLIC ADDRESS 013100SL 5.00 1  TIMEWISE REFERRAL 030100SL 5.00 1  TIMEWISE REFERRAL 030100SL 5.00 1  TIMEWISE REFERRAL 050100SL 5.00 1	Unadjusted Cost Or Basis	•	10,203.	, 39	30,649.	45	CC.	,51		,454		, 84	45	•	,84	4	683.	1,242.	890.	
Date   Date   Method   Life	No						<b>19</b>												16	
3XEROX COPIER 070195SL  7TELEPHONE SYSTEM 091296SL GESTETNER 9BURSTER/DUPLO DECOLO63097SL 21TRATLBLAZER 012407SL 24COMPUTERS 093096SL 25(D)2006 FORD F150 033107SL 27MAXXUM COLLATOR 070197SL 25(D)2006 FORD F150 033107SL 27MAXXUM COLLATOR 070197SL 29 34AIX V4-2 SOFTWARE 021798SL 36HUB 24RJ45 043099SL HP 4455 PC, MONITOR, 070199SL HP 4455 PC, MONITOR, 070199SL ASCOM POSTAGE 070199SL ASCOM POSTAGE 070199SL ASCOM POSTAGE 070199SL ASCOM POSTAGE 070199SL ASCOM POSTAGE 070190SL ASCOM POSTAGE 013100SL TIMEWISE REFERRAL 030100SL TIMEWISE REFERRAL 090100SL	Lrfe	00°2	o.	0.	3.00	5.00	3.00	7.00	.000	0	000	5.00	5.00	0.	7.00	0.	0	5.00	O	1
3XEROX COPIER  7TELEPHONE SYSTEM GESTETNER 9BURSTER/DUPLO DECOL (D)2007 CHEVY 21TRAILBLAZER 24COMPUTERS 25(D)2006 FORD F150 27MAXXUM COLLATOR 29 34AIX V4-2 SOFTWARE 35 ETHERLINK XL(8); 36HUB 24RJ45 PIONEX SERVER, 37MONITOR & KEYBOARD HP 4455 PC, MONITOR 39& KEYBOARD ASCOM POSTAGE 40METER/SCALE/FEEDER COMPUTER BATTERY 44BACKUP PUBLIC ADDRESS 45SYSTEM TIMEWISE REFERRAL 71MEWISE REFERRAL	Method	TS	SI	SI	SI	SL	SL	$_{ m SI}$		$_{ m SI}$		$_{ m SI}$	SI	$_{ m SI}$	SI	SL	SI	SL		
3XEROX COPIER  7TELEPHONE SYST GESTETNER 9BURSTER/DUPLO (D)2007 CHEVY 21TRAILBLAZER 24COMPUTERS 25(D)2006 FORD F 27MAXXUM COLLATO 29 34AIX V4-2 SOFTW 35 ETHERLINK XL(8 36HUB 24RJ45 PIONEX SERVER, 37WONITOR & KEYB HP 4455 PC, MO 39& KEYBOARD ASCOM POSTAGE 40METER/SCALE/FE COMPUTER BATTE COMPUTER BATTE 44BACKUP PUBLIC ADDRESS 45SYSTEM TIMEWISE REFER 41BOARD (A) TIMEWISE REFER	Date Acquired	070195	091296	063097	012407	960860	033107	070197		021798		043099	043099	070199	061899	041300	013100	030100	0901060	
1 ÃO 1	Description				(D) 2007 CHEVI ITRAILBLAZER	COMPUTERS	s(D)2006 FORD F150	MAXXUM COLLATOR		V4_2	, , , , , , , , , , , , , , , , , , , ,	FIREKLINK AL(8); HUB 24RJ45	MONITOR & K	AF 4455 PC,	ASCOM POSTAGE METER/SCALE/FEEDER	COMPUTER BATTERY BACKUP	Æ	(SE	ISE (B)	
	Asset No			<u>σ</u> ,	23	24	25	27	29	34	35	36	37	39	40	44	45	46	47	

(D) · Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Current Year Deduction	0.	0	0	Ö	0	0	0	0	0	0	0	o	278.	1,133.	129.	3,893.	2,572.	13,032.	•
Current Sec 179															<del></del>				
Accumulated Depreciation	17,884.	306.	1,235.	1,917.	715.	363.	7,071.	2,178.	554	65.	· · · · · · · · · · · · · · · · · · ·	2,227.	1,413.	4,527.	355.		**	5,430.	,
Basis For Depreciation	17,884.	306,	1,235.	1,917.	715.	363,	7,071.	2,178.	554.	65.		2,227.	8,758.	5,660.	645.	35,033,	30,870.	39,097.	
Reduction in Basis			·										•						!
Bus % Excl																			
Unadjusted Cost Or Basis	17,884.	306.	1,235.	1,917.	715.	363.	7,071.	2,178.	554.	65.	7	2,227.	8,758	5,660.	645.	35,033.	30,870.	39,097.	
e S	16	9 ==	16	\$9 #4	16	9	16	16	16	91	16	10	16	9	16	9	16	9	į
Life	5.00	5.00	5.00	2.00	5.00	5.00	5.00	5.00	5.00	2.00	5.00	2.00	20.001	5.00	5.00	3.00	3.00	3.00	
Method	SI	102SL	SI	SI	SI	SI	SI	SI	SI	SI	SI	ŢS.	SE	SI	SI	SI	TS.	SI	
Date Acquired	091102SL	091102	093002SL	093002SL	093002SL	092902SL	091102SL	093002SL	111902SL	102102	VARIESSL	06190381	D113003SL	060105SL	040106SL	1500090309SI	100709SL	080808E	
Description	8 DELL COMPUETRS 49AND MONITORS	4 4 5 5 1 E	CONFIGURE WORKSTATIONS	organe estrella 52300	HP PC'S		55DELL SERVER	5	100 <b>4</b>	58CONFIGURE SMART-UPS102102SI	59ASSETS	ULLET LINE IN LAN	LEASHOLD IMPROVEMENT - NEW	63D3 SOFTWARE	64COPIER	652009 DODGE RAM 1500	662009 FORD F150	672008 CHRYSLER 300C	
Asset	49	50	51	52	23	54	5.5	56	57	58	59	60	62	63	64	65	99	67	928102
																			٠.,

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Current Year Deduction	245.	465	174.	162	561.	127.	593.	27.	36,718.							*****	
Current C Sec 179			<b>:</b>		.,,		<del> </del>	-	0		<del></del>	<del></del> -			- <del></del>		<del> </del>
Accumulated Depreciation	82.		**			<del>,,</del>		··········	139,717.	<del>, , , , , , , , , , , , , , , , , , , </del>				·*************************************		····	***************************************
Basis For Depreciation	1,226.	14,655.	7,328.	883.	3,367.	1,271.	4,151.	1,131.	301,324.						,		
Reduction In Basis			***	**********		***************************************	***	*****	0		****		•		********		,
Bus % Exci			•					<del> </del>	<del></del>								
Unadjusted Cost Or Basis	1,226.	14,655.	7,328.	883.	3,367.	1,271.	4,151.	1,131,	301,324.					*****		*****	
No	16	9	16	9 ==	16	91	16	16		···········			<del></del>	*******			
Life	2.00	20.001	20.001	2.00	2.00	2.00	7.00	7.00			•			·····	1		
Method											<del></del>	********	41				<del></del>
Date Acquired	090108E	110508SL	042709SL	020909SL	030209SL	071409SL	010709SL	110109SL									
Description	68LAP TOP	MEMORIAL MEMORIAL MEMORIAL	DECEASED MEMBER 70MEMORIAL	71PRINTER	72UNION BUILT PC		74TABLE & CHAIRS		DEPR								
Asset No	89	60	70	7	72	73	74	75									

(D) - Asset disposed

928102 06-24-09

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction