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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

							Inspection		
A Fo	r the 2	2009 calendar yea	r, or tax year beginning 01-01-2009	and ending 12-31-2009		D Employer ide	atification number		
_		pplicable Please	C Name of organization INTERNATIONAL BROTHERHOOD OF ELECT	RICAL			ntification number		
Add	ress ch	lange use IRS label or	WORKERS #98 Doing Business As			23-0724610 E Telephone number			
Nan	ne chai	nge print or type. See	Jeing Basiness vie			•			
Init	ıal retui		Number and street (or P O box if mail is r	not delivered to street address	s) Room/suite	(215) 563-5			
— Ten	mınated		1719 Spring Garden Street			G Gross receipts \$	5 17,542,781		
— Am	ended i	return	City or town, state or country, and ZIP +	1	1	1			
— _{Арр}	lication	pending	Philadelphia, PA 19130						
		F Nam	ne and address of principal officer		H(a) Is th	■ ıs a group return	for		
		FRANC	IS WALSH JR			ites?	⊤Yes √ No		
			pring garden street phia,PA=19130		11/1-> •				
			•			II affiliates include	ed? Yes No (see instructions)		
[Tax	k-exem	pt status 🔽 501(c)	(5) ◀ (insert no)	527		o, attach a hist ip exemption nur			
J W	ebsite	::► WWW IBEW98	O RG		(-/				
V	6			<u> </u>	1 //		Ct-t- of land downed - DA		
	n or org rtI	Summary	on Trust Association Other ►		L Year of to	rmation 1901 M	State of legal domicile PA		
			e organization's mission or most sign	 Ificant activities					
		LABOR UNION OF	-						
Governance									
<u> </u>									
<u>.</u>	2	Check this box ►	if the organization discontinued its	operations or disposed (of more than	25% of its net a	ssets		
5		•	nembers of the governing body (Part '				1		
ර ර		_	dent voting members of the governing	, ,					
Activities &			pployees (Part V, line 2a)		,		7		
=			lunteers (estimate if necessary) .						
3			ed business revenue from Part VIII,		_				
		-	ness taxable income from Form 990-	, ,,		7b			
				,	Pric	or Year	Current Year		
	8	Contributions and	grants (Part VIII, line 1h)				C C		
≗	9		evenue (Part VIII, line 2g)			20,840,596	16,517,752		
Revenue	10		ne (Part VIII, column (A), lines 3, 4,			-37,731	174,505		
æ	11		art VIII, column (A), lines 5, 6d, 8c,	•		-195,480	-13,135		
	12	•	Id lines 8 through 11 (must equal Pa				,		
			<u> </u>			20,607,385	16,679,122		
	13		r amounts paid (Part IX, column (A),				С		
	14	•	r for members (Part IX, column (A), l	•		37,572	48,789		
82	15	Salaries, other co	mpensation, employee benefits (Part	IX, column (A), lines 5-	-	7,159,598	6,869,130		
Expenses	16a	•	raising fees (Part IX, column (A), line	11e)		.,200,000			
9	ь		enses (Part IX, column (D), line 25) \blacktriangleright^0						
Ш I	17		Part IX, column (A), lines 11a-11d,	1.1 f_ 2.4 f)		11,228,460	10,539,017		
	18		add lines 13-17 (must equal Part IX			18,425,630	17,456,936		
	19		enses Subtract line 18 from line 12			2,181,755	-777,814		
₩ Ø?		Kevenue less exp	enses Subtract fine 10 from fine 12		Beginning	g of Current			
Net Assets or Fund Balances						rear	End of Year		
98.48 18.48 18.48	20	Total assets (Par	t X, line 16)			23,053,735	22,443,031		
주문 -	21	Total liabilities (P	art X, line 26)			255,094	204,085		
žÏ	22	Net assets or fun	d balances Subtract line 21 from line	20		22,798,641	22,238,946		
Par	t II	Signature Blo	ock						
			rjury, I declare that I have examined this reti						
		and belief, it is true, o	correct, and complete Declaration of preparei	(other than officer) is based	on all informat	ion of which prepare	r nas any knowledge		

Sign		*****		Signature of officer Date					
_		1 B	r						
_		Signature of office	r R FINANCIAL SECRETARY						
_		Signature of office	R FINANCIAL SECRETARY						
_		Signature of office FRANCIS WALSH J Type or print nam Preparer's	R FINANCIAL SECRETARY e and title		heck if	Preparer's identify			
Sign Here		Signature of office FRANCIS WALSH J Type or print nam Preparer's	R FINANCIAL SECRETARY e and title	se	elf	Preparer's identify (see instructions)			
He re		FRANCIS WALSH J Type or print nam Preparer's signature Steven	R FINANCIAL SECRETARY e and title Scaduto CPA	se					
He re	arer's	FRANCIS WALSH J Type or print nam Preparer's signature Steven Firm's name (or yours if self-employed),	R FINANCIAL SECRETARY e and title Scaduto CPA Elko & Associates Ltd	se	elf				
Paid Prepa	arer's	FRANCIS WALSH J Type or print nam Preparer's signature Steven Firm's name (or yours	R FINANCIAL SECRETARY e and title Scaduto CPA	se	elf	(see instructions)			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

labor union organization

					Form 990 (2009)
4e	Total program se	rvice expenses►\$			
	(Expenses \$	including	grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	O) See also Additional Data fo	or Description	
			E UNION CONTRACTORS BIDDING ON Inbutions to local organizations ARE AL	TARGETED PROJECTS TO PROMOTE RE SO PAID FROM THIS FUND	TENTION AND CREATE NEW
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		UNEMPLOYMENT FUND PROVIDES FIN MPLOYMENT THROUGH THEIR OWN E		WHO WERE AVAILABLE FOR WORK BUT V	WERE UNEMPLOYED OR
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	DUES & WELFARE PR	OTECTION FUND PROVIDES BENEFITS	S FOR PENSIONED MEMBERS, DISABLE	ED MEMBERS, AND SICK MEMBERS	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4	Section 501(c)(3)	and 501(c)(4) organizations a		largest program services by exp are required to report the amount service reported	
	If "Yes," describe t	these changes on Schedule O			
3	_	on cease conducting, or make s	significant changes in how it co		Yes ✓ No
	If "Yes," describe t	these new services on Schedul	e O		
2	•	, ,	ogram services during the year		Yes ✓ No

Part IV	Checklist	of Red	uired	Schedule

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
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	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	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 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	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
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 owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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 reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		NO.
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country ▶			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
•	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		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1719 SPRING GARDEN ST PHILADELPHIA, PA 19130

(215) 563-8991

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

Se	ection A. Governing Body and Management			
<u> </u>	etton A. Governing body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
b	Enter the number of voting members that are independent 1b 3	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
NC	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
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		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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 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 interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he orga	ınızatıor	n
	FRANCIS WALSH JR	=		

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total		2,538,119	0	209,327
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►19

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N o

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ELKO & ASSOCIATES LTD 2 w baltimore ave suite 210 media, PA 19063	accounting	357,616
mjk electrical corporation 5957 addison street philadelphia, PA 19143	repairs	313,279
LOCAL 98 HEALTH & WELFARE FUND 1719 spring garden street philadelphia, PA 19130	health benefits	176,265
BOCHETTO & LENTZ 1524 Locust Street philadelphia, PA 19102	legal	138,404
CEISLER JUBELIRER 1525 locust street philadelphia, PA 19102	public relations	120,019
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	who received more than	

Page 8

Form 99								Page 9
Part	/1111	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats ste	1a	Federated camp	paigns 1a					
grai	b	Membership du						
fts, am	С	Fundraising eve						
Contributions, gifts, grants and other similar amounts	d e	Government grants	ations 1d s (contributions) 1e					
ons	f	_	ons, gifts, grants, and 1f					
bet Fer	g	sımılar amounts no	bt included above butions included in					
d it								
ပည	h	Total. Add lines	s 1a-1f	•				
e				Business Code				
жеп	2a b	Membership Dues a		900,099	16,444,302	16,444,302		
ه چ	C	sponored members	snip ev	900,099	73,450	73,450		
2F M C	d							
š E	e							
Program Service Revenue	f	All other progra	ım service revenue					
ž	g	Total. Add lines	32a-2f		16,517,752			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts) tment of tax-exempt bond ;	-	261,109			261,109
	5			· · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	188,624					
	b	Less rental expenses	387,484					
	С	Rental income or (loss)	-198,860					
	d	Net rental inco	me or (loss)		-198,860			-198,860
	7a	Gross amount from sales of assets other than inventory	(i) Securities 375,648	(II) O ther				
	b	Less cost or other basis and sales expenses Gain or (loss)	462,252 -86,604					
	d		s)		-86,604			-86,604
	8a	Gross income f	rom fundraising					
Other Revenue		See Part IV , lin	reported on line 1c) e 18					
돩	b c		penses b loss) from fundraising e	events •				
_	9a		rom gaming activities					
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		12,394				
	ь	Less cost of go	oods sold b	13,923				
	с		loss) from sales of inve		-1,529	-1,529		
	44-	Miscellaneous		Business Code	187,254			187,254
	11a b	miscellaneous	income		107,254			107,234
	c							
	d	All other revenu	ue					
	e	Total. Add lines			187,254			
	12	Total revenue.	See Instructions	*	16,679,122	16,516,223	0	162,899

Part IX Statement of Functional Expenses

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 as lines 6b. (A) (B) (C) (D)										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		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	48,789]						
5	Compensation of current officers, directors, trustees, and key employees	1,883,599								
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	2,697,883								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	572,375								
9	Other employee benefits	1,391,876								
10	Payroll taxes	323,397								
11	Fees for services (non-employees)									
а	Management									
b	Legal	649,639								
c	Accounting	357,616								
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	734,782								
12	Advertising and promotion	787,044								
13	Office expenses	471,498								
14	Information technology									
15	Royalties									
16	Occupancy	11,560								
17	Travel	246,661								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	486,061								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	693,347								
23	Insurance	184,041								
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)									
а	Refund of Members Asses	4,435,307								
b	Market Recovery Supplem	666,590								
c	Sponsored Events	281,432								
d	Contributions	277,117								
e	Picket Expense	101,870	 							
f	All other expenses	154,452								
25	Total functional expenses. Add lines 1 through 24f	17,456,936								
26	Joint costs. Check here ► ☐ If following SOP 98-2	17,730,530								
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			247,548	1	180,791
	2	Savings and temporary cash investments	17,762,949	2	17,399,712		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
ssets		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			40,648	8	50,503
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	10,322,586			
	ь	Less accumulated depreciation	10b	5,884,023	4,508,787	10c	4,438,563
	11	Investments—publicly traded securities			438,503	11	214,076
	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	55,300	15	159,386		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			23,053,735	16	22,443,031
	17	Accounts payable and accrued expenses .			393	17	42,655
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D		254,701	25	161,430	
	26	Total liabilities. Add lines 17 through 25		255,094	26	204,085	
بې		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27			
Fund Balance		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			22,798,641		22,238,946
ä	28	Temporarily restricted net assets		28			
Ē	29	Permanently restricted net assets				29	
丑		Organizations that do not follow SFAS 117, check here ► ar	ıd con	ıplet e			
ē	20	lines 30 through 34.				30	
Assets	30 31	Capital stock or trust principal, or current funds				31	
15.5	31	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iiius		22,798,641	33	22,238,946
Net							
l	34	Total liabilities and net assets/fund balances			23,053,735	34	22,443,031

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
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		Νο
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		

Form **990** (2009)

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DLN: 93493316018430

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public

ernal Revenue Service	► Attach to Fo	orm 990. F See separate instructions.			Inspec	tion
Name of the organi			Emp	loyer identificat	ion numbe	er
INTERNATIONAL BROTH WORKERS #98	HERHOOD OF ELECTRICAL		23-	0724610		
	izations Maintaining Donor Ad				Comple	te if the
organiz	zation answered "Yes" to Form 99		<u> </u>	(L) F	h	
Tatal number o	t and afven	(a) Donor advised funds	•	(b) Funds and ot	her accou	nts
Total number a	tributions to (during year)					
	nts from (during year)					
	ue at end of year					
Did the organiz	zation inform all donors and donor advi organization's property, subject to the			ıs e d	┌ Yes	┌ No
used only for c	zation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit		•		☐ Yes	∏ No
art II Conse	ervation Easements. Complete	if the organization answered "Ye	s" to Forn	n 990, Part IV	<u>, lıne 7.</u>	
Protection Preservati Complete lines	ion of land for public use (e g , recreating of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	Preservation o	of a certifie	d historic struct	-	a
				Held at the	End of the	Year
a Total number o	of conservation easements		2a			
b Total acreage	restricted by conservation easements		2b			
c Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
the taxable yea	servation easements modified, transfe ar - ar - tes where property subject to conserva		nated by th	ne organization c	luring	
Does the organ	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection,	handling of	violations, and	☐ Yes	┌ No
	nteer hours devoted to monitoring, insp	J J		,		
•	enses incurred in monitoring, inspectii			g the year 🟲 💲 _		
170(h)(4)(B)(ı	nservation easement reported on line 2 1) and 170(h)(4)(B)(ii)?	. ,			┌ Yes	┌ No
balance sheet,	escribe how the organization reports co , and include, if applicable, the text of t on's accounting for conservation easen	he footnote to the organization's finar	•	•		
	izations Maintaining Collectio ete if the organization answered '			her Similar <i>F</i>	\ssets.	
art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibition, education or res	earch ın fu			e,
historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items	public exhibition, education, or resear			•	
(i) Revenues i	included in Form 990, Part VIII, line 1			► \$		
(ii) Assets inc	luded in Form 990, Part X			► \$		
If the organiza	ition received or held works of art, historium sequired to be reported under SFA	•	ts for finan			
	uded in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	res, or Ot	<u>her</u>	Similar Ass	ets (c	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that ar	e a sıgnıfıcar	ıt us	e of its collection	on	
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ms			
b	Scholarly research		e	\sqcap	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ furthe	er the c	organization's	exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Part	Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribu	utions o	or other asse	ts n	ot 「	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able				A mae		
_							-	_	A mo	unt	
c d	Additional diving the year							.c .d			
	Additions during the year										
e f	Distributions during the year							e •			
	Ending balance		- 242				<u> </u>	f		- v	
	Did the organization include an amount on Fo		e 21?						1	Yes	No
	If "Yes," explain the arrangement in Part XIV				- d !!\/-	!! !	Fa 000 I) ot-	. TV . I.m.o. 10		
Par	t V Endowment Funds. Complete	(a)Current Year		Prior \						e) Four \	ears Back
1a	Beginning of year balance	(a) carrent rear	(5	y . 1.01	· cai	(6)	o rears back	(4).	mee rears back	<u>,</u>	caro back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment - %										
c	Term endowment ► %										
	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re hel	d and a	dministered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i)		
L	(ii) related organizations				 			•	3a(ii	<u> </u>	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	3b		
	t VI Investments—Land, Buildings					190 Pa	art X line 1	n			
		s, una Equipme			Cost o		(b)Cost or oth	Т	(c) Accumulated		
	Description of investment				is (inves		basis (other)		depreciation	(d) B	ook value
								1			
	and						194,9	960			194,960
	and						194,9 5,638,2	_	2,497,615		
b E			•				,	290	2,497,615 2,587,586	+	3,140,675
b E	Buildings		· · ·				5,638,2	290 084			3,140,675 954,498
b E c L d E	Buildings		· · ·				5,638,2 3,542,0	290 084 524	2,587,586		194,960 3,140,675 954,498 57,598 90,832

(a) Description of security or category		(c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) becompared as missessimilarly per	(2) 20011 14140	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15. tion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	5.)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUES PAYABLE TO INTERNATIONAL OFFICE	5.) , line 25. (b) A mount		

Par	IDXII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,679,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,456,936
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-777,814
4	Net unrealized gains (losses) on investments	4	218,128
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 - 8	9	218,128
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-559,686
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	17,298,657
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	619,535
3	Subtract line 2e from line 1	3	16,679,122
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 . 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	16,679,122
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	1	17,858,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	401,407
3	Subtract line 2e from line 1	3	17,456,936
4	A mounts 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 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,456,936
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part XII, Line 2d - Other Adjustments		rental expenses on page 9, part IV, line 6b 387484 COST OF GOODS SOLD on page 9, part IV, line 10b 13923
Part XIII, Line 2d - Other Adjustments		rental expenses on page 9, part IV, line 6b 387484 COST OF GOODS SOLD on page 9, part IV, line 10b 13923

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As Filed Data -

DLN: 93493316018430

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ERNATIONAL BROTHERHOOD OF ELECTRICAL RKFRS # 98					
			23-0724610			
Pa	rt I Questions Regarding Compensatio	n			Ι	_
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		· · · · · · · · · · · · · · · · · · ·			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization organization organization.	nat appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	•	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VI	I, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ntal nor	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only ma	ıst com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," (7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		·	8		
9	If "Ves" to line 8 did the organization also follow th	a rahiitt	able presumption procedure described in Regulations		Ì	

section 53 4958-6(c)?

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Brian Burrows	(ı) (ıı)	160,742 0	0	0	0	0	160,742 0		
james foy	(ı) (ıı)	153,089 0	0 0	0	0		153,089 0		
Francıs Walsh	(ı) (ıı)	153,633 0	0 0	0	0		153,633 0		
John J Dougherty	(ı) (ıı)	217,499 0	0 0	0	0		217,499 0		
Timothy J Browne	(ı) (ıı)	168,838 0	0	0	0		168,838		
Edward Coppinger	(ı) (ıı)	154,222 0	0	0	0		154,222 0		
Christopher Owens	(ı) (ıı)	167,726 0	0	0	0		167,726 0		
Mıchael Hnatkowsky	(ı) (ıı)	160,887 0	0	0	0		160,887		
Stephen Wolfe	(ı) (ıı)	155,302 0	0	0	0		155,302 0	!	
Robert Thompson	(ı) (ıı)	155,184 0	0	0	0	0	155,184 0		
robert bark	(ı) (ıı)	154,104 0	0	0	0	1	154,104 0	(
raymond dellavella	(ı) (ıı)	162,639 0	0	0	0		162,639 0	(
charles harvey	(ı) (ıı)	155,332 0	0	0	0		155,332 0		
brian stevenson	(ı) (ıı)	163,601	0	0	0		163,601	(
lawrence delspechio	(ı) (ıı)	160,979	0	0	0		160,979	(

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS #98

Employer identification number

23-0724610

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section A, line 6		categories of membership include electrical members sound and communication members broadcast members electrical apprentices sound and communication apprentices all members are allowed to vote except for apprentices				
Form 990, Part VI, Section A, line 7a		ter nominations have been made and those nominated are found to be qualified, members in good standing and ialified to vote may elect members of the governing body				
Form 990, Part VI, Section B, line 11		1 the form 990 is first reviewed by president - brian burrow's financial secretary - fran walsh office manager - lisa ketterlinus counsel - pat bianculli 2 upon completion of review, the form 990 is presented to the local 98 executive board in reviewing form 990, local 98 relies upon the accounting expertise of elko & associates who has been retained by the union to prepare its form 990				
Form 990, Part VI, Section B, Iine 15		compensation is derived from the collective bargaining agreement representatives of the organization and employers meet every three years to negotitate the new terms and conditions of the collective bargaining agreement to determine compensation the organization compares data from other local unions similar in size salaries are set for each class of officer, key employee, and member based on a per quarter, per meeting, and hourly rate this salary is set regardless of the individual in the position, the salary rates are reviewed and approved by the executive board and paid in accordance with the constitution and bylaws of the organization.				
Form 990, Part VI, Section C, line 19		the organization makes its governing documents and financial statements available to the public upon request				
		the financial statements of the local union have been prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the united states of americal under that basis, certain revenues and related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred consequently, the local union has not recognized the accrual of income from members' assessments, dues, investment income, and the accrual of operating expenses and members' benefits payable from the dues and welfare protection fund and the supplemental unemployment benefit fund and the accrual of committed subsidies payable from the job recovery fund, and their related effects on the change in net assets in the accompanying financial statements				

DLN: 93493316018430

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

01-0731916

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

► Attach to Form 990. ► See separate instructions.

Employer identification number

23-0724610

WORKERS #98 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
ıbew local 98neca scholarshıp fund						
1719 spring garden street	to provide scholarships for dependent children of local	PA	501(c)(9)	n/a	N/A	
philadelphia, PA 19130 23-7861099	union members					
apprentice training for the electrical industry						
1719 spring garden street	EDUCATION AND TRAINING FOR ALL APPRENTICES OF	PA	501(c)(5)	n/a	N/A	
philadelphia, PA 19130 23-1308075	LOCAL UNION #98 I b e w					
ıbew local 98committee on political education						
1719 spring garden street	political action committee	PA	ırc sec 527	n/a	N/A	
philadelphia, PA 19130						

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

No

No

No

No

No

No

No

No

Yes

Yes

1a

1ь

1c

1d

1e

1f

1h

1i Yes

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV	

1 During the tay year did the orgranization engage	a in any of the following transactions with one	or more related organizations listed in Parts II-IV?
L During the tax year, and the orginalization engag	e in any of the following transactions with one o	oi more related organizations hated in raits 11-10.

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	1j		No
	1k		No
	11		No
	1m		No
	1n		No
	10		No
	1р		No
	1q		No
	1r		No
holds			
	,	-1	
Am		c) involve	ed
		1	1,665

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

(a)
Name of other organization

(b)
Transaction
type(a-r)

(c)
Amount involved
(1) ibew local 98neca scholarship fund

(2) 12017 10001 3011000 001101010111 1011

(1) See Additional Data Table

- (2)
- (3)
- (5)
- (6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-0724610

Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS #98

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	m services			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
	O CREATE NEW JOBS FOR SOUND A	ION CONTRACTORS BIDDING ON TAND COMMUNICATION MEMBERS MA		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Brian Burrows President	48 00	Х		Χ				160,742	0	21,859
Todd Neilson Treasurer	1 00	x		х				2,099	0	0
james foy Recording Secretary	48 00	Χ		X				153,089	0	12,672
Francıs Walsh Fınancıal Secretary	48 00	X		X				153,633	0	5,822
John J Dougherty Business manager	56 00	X		X				217,499	0	17,947
Timothy J Browne executive Board/assist	50 00	X		Х				168,838	0	11,238
Edward Coppinger Executive Board	48 00	Х		Х				154,222	0	16,453
Kevın McQuillen Executive Board	1 00	Χ		X				893	0	0
Christopher Owens Executive Board	50 00	Х		Χ				167,726	0	12,913
Michael Hnatkowsky Vice President	50 00	Χ		Х				160,887	0	19,514
Stephen Wolfe Executive Board	48 00	Х		X				155,302	0	12,828
Robert Thompson Examınıng Board	48 00	Х		Х				155,184	0	10,434
Robert Gormley Examınıng Board	32 00	X		X				91,350	0	455
joseph bledsoe examınıng Board	1 00	Χ		Х				0	0	0
robert bark business representative	48 00					Х		154,104	0	13,987
raymond dellavella business representative/	48 00					X		162,639	0	13,459
charles harvey business representative	48 00					X		155,332	0	13,435
brian stevenson business representative	48 00					X		163,601	0	12,104
lawrence delspechio business representative	48 00					Х		160,979	0	14,207

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Refund of Members Asses	4,435,307			
Market Recovery Supplem	666,590			
Sponsored Events	281,432			
Contributions	277,117			
Picket Expense	101,870			