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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For	the 2009 calen	dar year,	or tax year beginning	, 20	09, and endir	ıg	,	
В	Chec	k if applicable		С			D Employ	er Identifi	cation Number
		Address change	Please use IRS label	INTERNATIONAL BROI		ECTRICAL	35-	07824	23
		Name change	or print or type.	WORKERS LOCAL 1393			E Telepho	ne numbe	r
		Initial return	See specific	3645 S. EAST STREE			317	.791.	1362
	-	Termination	instruc- tions.	INDIANAPOLIS, IN 4	6227				
	\vdash	Amended return	""				G Gross r	eceints \$	2,179,263.
	\vdash	Application pending	F Name :	and address of principal officer			H(a) Is this a group retur		
	Ш	Application pending	ļ.	AS C ABOVE			H(b) Are all affiliates incl		Yes No
		ax-exempt statu			4947(a)(1) or	527	if 'No,' attach a list	(see instri	
<u> </u>		/ebsite: ► N/		(c) (3) (illself lib)	[4347(a)(1) 01	JEI	H(c) Group exemption nu		0064
<u>,</u> K		orm of organization		ation Trust Association	Other►	L Year of Forma			gal domicile
	art I		Corpora	ation Trust Association	Other	L Tear OFFORMA	141 3	nate or leg	gar dofficile
LF.	1			ganization's mission or most s	unnificant activities	BARCATNI	NC ACENT SEE	KING	PROPER
	'	•		CIONS, PAY LEVELS,	•	<u> </u>	10-10-11-0-0	17.77	T TOT DE
JC 6		1010110	2000xx		we reducted .				
2010 & Governance									
₩ 8	2	Check this bo	ox ►	if the organization discontinue	ed its operations or d	isposed of mo	ore than 25% of its	assets.	
20% \$ 6%	3			nbers of the governing body (F				3	18
	4			nt voting members of the gove	rning body (Part VI, i	line 1b)		4	0
26 ctivities	5			oyees (Part V, line 2a)				5	26
	6			teers (estimate if necessary)	III. aaluma (C), luaa 1	2		6 7a	0.
ਡ `	'	-		ousiness revenue from Part VI s taxable income from Form 9		2		7 b	0.
	╁	b Net unrelated	Dusines	s taxable income from Form 9	50-1, little 54		T 5: V.	- ' 	
	۱.	Cambridge		ate (Part VIII June 1h)			Prior Year	$-\!\!+$	Current Year
و ليا	8 9			nts (Part VIII, line 1h). jue (Part VIII, line 2g)			2,053,8	39	2,176,299.
Z , 5	10				and 7d)		229,5		2,964.
ي ڪي	111	Other revenu	e (Part V	art folit column (A), lines 3, 4, III, column (A), lines 5, 6d, 8c	. 9c. 10c. and 11e)				
SCANNED	12			nes 8 through 11 (must equal), line 12)	2,283,4	30.	2,179,263.
M	13			ounts hare (Partix, column (A					
	14	Benefits paid	to or tor	members (Part IX, colum) (A), line 4)		488,6	517.	574,459.
_	15	Salaries, other	er compe	nsation, employee benefits (P.	art IX, column (A), Iır	nes 5-10)	935,6	82.	924,379.
Expenses	16	a Professional	fundraistr	rg-fees (Part IX) column (A), I	ine 11e)				
Den	.			nses (Part IX, column (D), line					
ŭ	17		• .	IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		676,5	42	601,674.
	1,0	•		nes 13-17 (must equal Part IX		N	2,100,8		2,100,512.
	19			s. Subtract line 18 from line 1		,	182,5		78,751.
- k !	+	Trevenue less	expense	3. Odbitact into 10 from into 1			Beginning of Y		End of Year
Assets or Releases	20	Total assets	(Dart V. II	no 16)			1,429,5		1,531,149.
A	21		•	•			101,2		124,072.
ž			•	ances. Subtract line 21 from li	no 20		1,328,3		1,407,077.
Þ	22 art		ure Blo		TIE 20		1,320,3	,20.1	1,407,077.
<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·	Aludina accompanius	schodules and str	staments, and to the best	of my know	wlodge and helpef it is
		true, correct, a	and complete	I declare that I have examined this sets Declaration of preparer (other than of		tion of which prep			
Si	gn	>		mas f. a	Celley		1 5-	-14-	10
H	ere	Signature	of officer				Date		
		► THOM	AS BAI	LEY	V		BUSINESS MO	GR	
			rınt name an						
						Date	Check if	Prep	parer's identifying number instructions)
Pa	Paid Branco's					self- employed ►	\mathbf{X}	. manacheria,	
	'e-	Preparer's signs fure	► JEF	FREY A. MULLEN, CPA	mas	5.19.10		N/	A
	arer'	Firm's name (FREY A. MULLEN, CPA	A,/LLC				
	se nly	yours if self- employed),		E POPLAR STREET	· •		EIN ► N	I/A	
J	ııy	address, and ZIP + 4		NSVILLE, IN 46077-1	L549				938.0309
Ma	y the			with the preparer shown abov					X Yes No
_	_								5 000 (0000)

	990 (2009) INTERNATIONAL BROTHERHOOD OF ELECTRICAL	35-0782423	Page 2
Par	t III Statement of Program Service Accomplishments		
,1	Briefly describe the organization's mission. BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,	AND BENEFITS	
	Did the organization undertake any significant program services during the year which were not listed	on the prior	
-	Form 990 or 990-EZ?		X No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program s	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 service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	ces by expenses Section 50 and allocations to others, the	1(c)(3) e total
4 a	(Code) (Expenses \$ including grants of \$ BARGAINING AGENT SEEKING PROPER WORKING CONDITIONS, PAY LEVELS,)
4 b	(Code: 5 including grants of \$) (Revenue \$)
			
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convices (Describe in Schedule O.)		
40	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue	\$)	
4e	Total program service expenses ►		

Form 990 (2009) INTERNATIONAL BROTHERHOOD OF ELECTRICAL

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .	6		<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
	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		Х
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		Х
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	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			a de propri que alabase valor
•	• 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 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		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		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u> _

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Checklist of Required Schedules (continued) Part IV 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 21 21 Х 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 Х 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* 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X 27 Schedule Ľ, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N. Part II 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 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V, line 2 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 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38

BAA

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

38

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Fart V , Statements Regarding Other IRS Fillings and Tax Compliance			
		Yes	No
1 a 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. 26			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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 26			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3 b		
4a 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		Х
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<u> </u>
d 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 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		
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		<u> </u>
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	120		
bit i ca, enter the amount of tax-exempt interest received of decided during the year.			

Form **990** (2009)

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

Sec	tion A.	Governing Body and Management				
			1 1		Yes	No
		e number of voting members of the governing body	1a 18			
		e number of voting members that are independent	1 b			
2	Did any of officer, d	officer, director, trustee, or key employee have a family relationship or a business re lirector, trustee or key employee?	elationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		Х
4		organization make any significant changes to its organizational documents		4		X
		e prior Form 990 was filed?				
5	Did the o	organization become aware during the year of a material diversion of the organization	on's assets?	5		Х
6		organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or g body? .	more members of the	7a		Х
ь	_	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
	-	organization contemporaneously document the meetings held or written actions under				
а		erning body?		8a		X
		mmittee with authority to act on behalf of the governing body?		8ь		Х
	ls there	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not	required by the Internal			
	enue Code	,	,			
			**		Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		Х
t	If 'Yes,' o	does the organization have written policies and procedures governing the activities on the organization?	of such chapters, affiliates,	10Ь		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11 /	Describe	in Schedule O the process, if any, used by the organization to review this Form 990	O SEE SCHEDULE O			ļ
12 a	Does the	e organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests cts?	that could give rise	12b		
c	Does the	e organization regularly and consistently monitor and enforce compliance with the po e O how this is done	olicy? If 'Yes,' describe in	12c		
13	Does the	e organization have a written whistleblower policy?		13		X
14		e organization have a written document retention and destruction policy?		14		X
15	Did the persons.	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?			
a	-	anization's CEO, Executive Director, or top management official		15a		X
t	Other off	ficers of key employees of the organization		15b		X
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions.)				
16 a		organization invest in, contribute assets to, or participate in a joint venture or similal iring the year?	r arrangement with a taxable	16a	-	X_
t	in joint v	has the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard ith respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		
Sec		Disclosures				Щ
17		states with which a copy of this Form 990 is required to be filed NONE	················			
	Section (6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vailabl	e for	public
		website	_			÷
19	statemer	e in Schedule O whether (and if so, how) the organization makes its governing documents available to the public				ancial
20		e name, physical address, and telephone number of the person who possesses the RA HEDGE 3645 S. EAST STREET INDIANAPOLIS IN 46202		anızatı	ion. - — — -	

Check this box if the organization did not compensate any current officer, director, or trustee.

Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours per week	Por director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BRENT LEWIS						_				
EXECUTIVE BOARD	20	 			-	-		95.	0.	0.
RICHARD BYRER EXECUTIVE BOARD	20	X						570.	0.	0.
STEVEN MOORE										
ASST FIN SEC	20	Х						570.	0.	0.
BRADLEY COLTER		_								
ASST FIN SEC	20	X	Ш					570.	0.	0.
MARK KELLEY	1				İ				_	_
EXECUTIVE BOARD	10	X	Ш		<u> </u>			570.	0.	0.
JOSEPH ROBINSON	1	١						550		•
EXECUTIVE BOARD	10	Х	Н		<u> </u>	ļ		570.	0.	0.
GARY CULLUM EXECUTIVE BOARD	30	X						570.	0.	0.
JOSEPH FRIEDT	 	<u> </u>	Н		\vdash			0.01		
EXECUTIVE BOARD	10	X						570.	0.	0.
KEVIN CRULL										
EXECUTIVE BOARD	10	X						570.	0.	0.
MICHAEL GRIGGS										
EXECUTIVE BOARD	10	X	Ш					570.	0.	0.
NICK NEAL									_	_
ASST FIN SEC	10	X	Ш		_			570.	0.	0.
JOHN JONES		,,						500	0	0
EXECUTIVE BOARD	10	X	Н		_	├		523.	0.	
DONALD SMALL	10	X						570.	0.	_0.
ASST FIN SEC TIMOTHY OVERMAN	10	├ ^	Н		├	-	-	370.		
EXECUTIVE BOARD	10	X			ŀ			570.	0.	0.
ROBERT MADDEN	10-	^	H				-	370.		
TREASURER	20			Х				570.	0.	0.
RONALD THOMPSON	 		П				ļ		<u> </u>	
SECRETARY	10		<u> </u>	X				570.	0.	0.
MICHAEL EDWARDS										
VICE PRESIDENT	30			X	<u>L</u> .	L		570.	0.	0.
BAA		1	ΓEΕΑ	107	. 11	/10/09				Form 990 (2009)

\$100,000 in compensation from the organization > 1

Forn	orm 990 (2009) INTERNATIONAL BROTHERHOOD OF ELECTRICAL				Page 9
Pai	t VIII Statement of Revenue		r · · ·		
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
5 Z	1a Federated campaigns 1a				
MAN	b Membership dues . 1b				
S, G	c Fundraising events.			į	[1
돌	d Related organizations 1 d	_			1
NS.	e Government grants (contributions)	_			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
E S	g Noncash contribns included in Ins 1a-1f: \$				
8 4	h Total. Add lines 1a-1f	<u> </u>			
PROGRAM SERVICE REVENUE	Business Code	2,176,299.			2,176,299.
<u> </u>	2a MEMBERSHIP DUES & ASSESSMENTS	2,110,299.			2,110,233.
SE					
2	c				
S W	e	1			
8	f All other program service revenue				
	g Total. Add lines 2a-2f	2 ,176,299.			
	3 Investment income (including dividends, interest and	2 254			0.064
	other similar amounts)	2,964.			2,964.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal	-			
	6a Gross Rents	-			
	b Less: rental expenses	-	1		
	c Rental income or (loss)	7			
	d Net rental income or (loss)	>			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)	\dashv			
	d Net gain or (loss)	•			,
	8a Gross income from fundraising events				
OTHER REVENUE	(not including \$				
SEVE	of contributions reported on line 1c).				
ER (See Part IV, line 18 a b	\dashv			
01	b Less: direct expenses c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses c Net income or (loss) from gaming activities	<u> </u>			
	, ,				
	10a Gross sales of inventory, less returns and allowances . a				
	b Less: cost of goods sold b	T			
	c Net income or (loss) from sales of inventory .	F			
	Miscellaneous Revenue Business Code				
	11a		ļ <u> </u>		
	b				<u> </u>
	°	- 		 	
	d All other revenue .	<u> </u>			
	e Total. Add lines 11a-11d . 12 Total revenue. See instructions	2,179,263.	0.	0.	2,179,263.

Page **10**

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).

	7 C.1.3. C. gan	(A)	(B)	(C)	_ (D)
Do not 6b, 7b,	t include amounts reported on lines , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
ar	irants and other assistance to governments nd organizations in the U.S. See Part IV, ne 21				
	irants and other assistance to individuals in ne U.S. See Part IV, line 22				
or	irants and other assistance to governments, rganizations, and individuals outside the .S See Part IV, lines 15 and 16		-		
	enefits paid to or for members	574,459.			
	ompensation of current officers, directors, ustees, and key employees.	103,227.			
dı se	ompensation not included above, to isqualified persons (as defined under ection 4958(f)(1) and persons described in ection 4958(c)(3)(B)	0.			
	other salaries and wages	595,353.			
40	ension plan contributions (include section 01(k) and section 403(b) employer ontributions)	175,056.			
	other employee benefits				
	ayroll taxes	50,743.	 		
	ees for services (non-employees)		 -		
	lanagement	142 115			
	egal	143,115. 9,200.			
	ccounting	9,200.			
	obbying			- -	
	rof fundraising svcs See Part IV, In 17 nvestment management fees				
	Other				
_	dvertising and promotion				
	Office expenses		- 1		
	nformation technology	-			
	toyalties				
	Occupancy	-			
	ravel				
18 P	ayments of travel or entertainment xpenses for any federal, state, or local ublic officials				
19 C	Conferences, conventions, and meetings	42,858.			
20 In	nterest				
21 P	ayments to affiliates	<u></u>			
22 D	epreciation, depletion, and amortization	44,147.			
	nsurance	84,958.			
co ar 5'	Other expenses Itemize expenses not overed above (Expenses grouped together and labeled miscellaneous may not exceed of total expenses shown on line 25 elow.)				
	GRIEVANCE AND ARBITRATION	91,449.			
_	OFFICE AND BUILDING EXPENSES	55,141.			
c_ <i>P</i>	AUTOMOBILE EXPENSE	33,384.			
d_I	TELEPHONE	15,646.			
e M	MISCELLANEOUS	15,428.			ļ
f A	II other expenses	66,348.			· · · · · · · · · · · · · · · · · · ·
	otal functional expenses. Add lines 1 through 24f	2,100,512.			
S	oint costs. Check here If following GOP 98-2. Complete this line only if the organization reported in column (B) joint osts from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	ırt X	Balance Sheet		- · · · · · · · · · · · · · · · · · · ·		. <u> </u>
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		599,726.	1	752,345.
	2	Savings and temporary cash investments	•		2	
	3	Pledges and grants receivable, net .	•		3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use		2,092.	8	2,092.
Š	9	Prepaid expenses and deferred charges		5,942.	9	23,770.
	10 a	Land, buildings, and equipment: cost or other basis	10a 1,039,795.			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation	10ь 286,884.	770,875.	10 c	752,911.
	11	Investments - publicly-traded securities		50,948.	11	31.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	1,429,583.	16	1,531,149.
	17	Accounts payable and accrued expenses		45,510.	17	77,738.
	18	Grants payable		18		
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
A	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, key employees, rsons Complete Part II			
Ţ		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the	nird parties .		23	
	24	Unsecured notes and loans payable to unrelated third	l parties		24	
	25	Other liabilities. Complete Part X of Schedule D		55,747.	25	46,334.
	26	Total liabilities. Add lines 17 through 25.		101,257.	26	124,072.
Ñ		Organizations that follow SFAS 117, check here ►	and complete lines			
N E T		27 through 29 and lines 33 and 34.	_		l	
Ą	27	Unrestricted net assets			27	
E T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check he	ere ► X and complete			
F DZD		lines 30 through 34.	_	1 220 226		1 407 077
	30	Capital stock or trust principal, or current funds		1,328,326.	30	1,407,077.
B	31	Paid-in or capital surplus, or land, building, and equip			31	
BALAZCES	32	Retained earnings, endowment, accumulated income	, or other funds	4 855 555	32	1 465 655
È	33	Total net assets or fund balances		1,328,326.	33	1,407,077.
5	34	Total liabilities and net assets/fund balances		1,429,583.	34	1,531,149.

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Form **990** (2009)

Part XI 'Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b Х 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? 2с If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Consolidated basis Both consolidated and separate basis 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? 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.

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1393 35-0782423 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the 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 structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 INTER	RNATIONAL B	ROTHERHOOD O	F ELECTRICAL	35-078	32423		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar As	sets (c	ontini	ıed)
3 'Using the organization's acquisititems (check all that apply):	ion accession and	d other records, che	ck any of the following	that are a significant u	se of its	collect	ion
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other	• . •				
c Preservation for future gener	rations	· L.J ·		12h			
Provide a description of the orgal Part XIV		ons and explain ho	w they further the orga	nization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds it	rather than to be	maintained as part	of the organization's co	ollection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	ts Complete if on 190, Part X, line	organization answe	red 'Yes' to Form S	}90, Pa ———	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	r other intermediary	for contributions or ot	her assets not	Yes	. [
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ıng table.				
					Amoun	ıt	
c Beginning balance		•		1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance			, ,	1f			
2a Did the organization include an a	amount on Form 9	990. Part X. line 21	,	<u> </u>	Yes		No
b If 'Yes,' explain the arrangement		,			٠٠٠ ب		
Part V Endowment Funds Co		nization answer	ed 'Yes' to Form 9	90. Part IV. line 10			
	(a) Current year				$\overline{}$	Four year	rs hack
1 a Beginning of year balance	(u) burrent your	(0) 11101 300	(0) (110) 64/10 846	(a) Three years back	 "	rour your	3 Duck
b Contributions					_		
c Net Investment earnings, gains,				·			
and losses							
d Grants or scholarships .		_					
e Other expenditures for facilities and programs							
f Administrative expenses	-						
g End of year balance		<u> </u>					!
2 Provide the estimated percentage	•	balance held as					
a Board designated or quasi-endov	vment ►	%					
b Permanent endowment ►	8						
c Term endowment ►							
3a Are there endowment funds not organization by:	in the possession	of the organization	that are held and adm	inistered for the		Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations liste	d as required on Se	chedule R?		3b		
4 Describe in Part XIV the intended	-	•					
Part VI Investments—Land, B				, line 10.			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) [§]	Book Va	alue
1a Land .			63,240.			63	,240.
b Buildings			698,682.	52,138.			,544.
c Leasehold improvements	<u> </u>		61,305.	61,305.			0.
d Equipment	į –		156,516.	135,886.		20	,630.
a Other	<u> </u>		60 052	37 555			197

752,911. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, Ine 12. N/A (c) Method of valuation (cost or end-of-year market value including name of security)	Schedule D (Form 990) 2009 INTERNATIONAL BROT	THERHOOD OF ELE	CTRICAL	35-078	2 <u>423</u> Page 3
Financial dervatives Closely-held equity interests Other Total. (Column (b) must equal Form 990. Part X, cot (B) line 12) - Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost of end-of-year market value Total. (Column (b) must equal Form 990. Part X, cot (B) line 12) - Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990. Part X, cot (B) line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability Federal Income Taxes ACCRUED SALARIES, WAGES AND BENEFITS 36, 307. DUE TO ESCRON FUND Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must equal Form 990, Part X, cot (B) line 25) - Total (Column (b) must	Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12.	N/A	
Financial derivatives Colosely-hold equity interests Other Total. (Column (b) must equal Farm 990, Part X, col. (B) line 12) Fart VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost of end-of-year market value Total (column (b) must equal Farm 990, Part X, col. (B) line 15) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value (c) Method of valuation Cost of end-of-year market value (b) Book value (c) Method of valuation Cost of end-of-year market value (c) Method of valuation Cost of end-of-year market value (c) Book value (b) Book value (c) Book value (c) Book value (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (f) Book value (o) Book	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuate Cost or end-of-year mark	on et value
Total. (Column (b) must equal form 990 Part X, col. (8) line 12) * Part VIIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total (Column (b) must equal form 990 Part X, col. (b) line 13) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total (Column (b) must equal form 990, Part X, col. (b), line 15) (b) Book value Total (Column (c) must equal form 990, Part X, col. (d), line 15) (c) Description (d) Must equal form 990, Part X, col. (d), line 15) Total (Column (b) must equal form 990, Part X, col. (d), line 15) Total (Column (b) must equal form 990, Part X, col. (d), line 15) Total (Column (b) must equal form 990, Part X, col. (d), line 25) * 46, 334.					
Total. (Column (a) must equal Form 990 Part X, col. (B) Inne 12) - Part VIII Inne 13) N/A (a) Description of investment type (b) Book value (c) Welricd of valuation Cost or end-of-year market value Total (Column (b) must equal Form 990, Part X, col. (B) Inne 13) - Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B), Inne 15) (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B), Inne 15) (c) Description (b) Amount Federal Incomer Bases ACCRUED SALARIES, WAGES AND BENEFITS 36, 307. DUE TO ESCROW FUND 10, 027.	Closely-held equity interests				
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)	Other				
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)					
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)					
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)					
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)					
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)					
Part VIII Investments - Program Related (See Form 990, Part X, line 13)					
Part VIII Investments - Program Related (See Form 990, Part X, line 13)					
Part VIII Investments - Program Related (See Form 990, Part X, line 13)					
Part VIII Investments - Program Related (See Form 990, Part X, line 13)					
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total (Column (b) must equal form 990, Part X, Col (B) line 13) Total. (Column (c) must equal Form 990, Part X, Line 15) N/A (a) Description (b) Book value Total. (Column (c) must equal Form 990, Part X, col (b), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED SALARIES, WAGES AND BENEFITS 36, 307. DUE TO ESCROW FUND 10, 027.		000 D LV I	10)	37./3	
Total. (Column (b) must equal Form 990, Part X, Col (B) Inte 13.) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability Federal Income Taxes ACCRUED SALARIES, WAGES AND BENEFITS 36, 307. DUE TO ESCROW FUND 10, 027.			ine 13)		
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Column (b) must equal Form 990, Part X, col (B), line 15) Column (b) A				cost or charactycal mark	<u>ct value</u>
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Column (b) must equal Form 990, Part X, col (B), line 15) Column (b) A					
Column (b) must equal Form 990, Part X, col (B), line 15) Column (b) A		-,***			
Column (b) must equal Form 990, Part X, col (B), line 15) Column (b) A		*-			
Part IX Other Assets (See Form 990, Part X, line 15) N/A		" .			. <u></u>
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Part IX Other Assets (See Form 990, Part X, line 15) N/A					
Part IX Other Assets (See Form 990, Part X, line 15) N/A	Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)				
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED SALARIES, WAGES AND BENEFITS 36, 307. DUE TO ESCROW FUND 10, 027. DUE TO ESCROW FUND 10, 027.		line 15) N/A			
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	(a) De	scription			(b) Book value
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount					
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount					
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Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount					
(a) Description of Liability (b) Amount Federal Income Taxes ACCRUED SALARIES, WAGES AND BENEFITS 36,307. DUE TO ESCROW FUND 10,027. Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 46,334.					
ACCRUED SALARIES, WAGES AND BENEFITS 36,307. DUE TO ESCROW FUND 10,027. Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 46,334.			<u> </u>		
ACCRUED SALARIES, WAGES AND BENEFITS DUE TO ESCROW FUND 10,027. Total (Column (b) must equal Form 990, Part X, col (B) line 25) 46,334.		(b) Amount	_		1
DUE TO ESCROW FUND 10,027. 101,027. 102		26.20	7		
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 46,334.					
	DOE TO ESCROW FUND	10,02	· / · ·		
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					i.
	Total (Column (b) must equal Form 990 Part X col (R) line 25)	46.33	14.		1
for uncertain tax positions under FIN 48.	2. FIN 48 Footnote In Part XIV, provide the text of the footnote			statements that reports the	organization's liability

			N/A Page 4
			N/A
_	Total revenue (Form 990, Part VIII,column (A), line 12)	ł	
2	Total expenses (Form 990, Part IX, column (A), line 25)	}	
3	Excess or (deficit) for the year Subtract line 2 from line 1	}	·
4	Net unrealized gains (losses) on investments	- 1	
5	Donated services and use of facilities	- 1	
6	Investment expenses	1	
7	Prior period adjustments	ŀ	.
8	Other (Describe in Part XIV).	- 1	
9	Total adjustments (net). Add lines 4 through 8	- 1	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 It XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	N/A
	Total revenue, gains, and other support per audited financial statements	1	N/A
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	 ' 	
	a Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants	1	
	d Other (Describe in Part XIV).	1 1	
	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV).		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn N/A
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	a Donated services and use of facilities 2a		
1	Prior year adjustments 2b		
	Other losses 2c		
	d Other (Describe in Part XIV).		
	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:		
i	a Investments expenses not included on Form 990, Part VIII, line 7b.		
1	Other (Describe in Part XIV).		
(Add lines 4a and 4b .	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
line	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete this part at lines 2d and 4b Also complete	, lines irt to p	1b and 2b, Part V, rovide any additional
BAA	TEEA3304L 02/02/10	Scher	lule D (Form 990) 2009
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Schedule D	(Form 990) 2009	INTERNATIONAL	BROTHERHOOD OF	ELECTRICAL	35-07824	123 Page 5
Part XIV	Supplemental	information (cont	inuea)			
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			7-			
BAA			TEEA3305L 07	/10/09	Schedul	e D (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1393	Employer identification number 35-0782423
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
SEVERAL MEMBERS OF THE AUDIT COMMITTEE AND BOOKKEEPER REVIEW TH	E 990 PREPARED BY THE
INDEPENDENT_CPA_FIRM	
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