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**Short Form**  
**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)

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<p><b>B</b> Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type See Specific Instructions</p>	<p><b>C Name of organization, number and street, city, town, state, and ZIP code</b></p> <p align="center">IBEW BUILDING ASSOCIATION</p> <p align="center">2902 E DIVISION                  SPRINGFIELD MO 65803</p>	<p><b>D Employer identification number</b></p> <p align="center">43-7090419</p> <hr/> <p><b>E Telephone number</b></p> <p align="center">417-869-7251</p> <hr/> <p><b>F Group Exemption Number</b> ▶</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ▶ \_\_\_\_\_

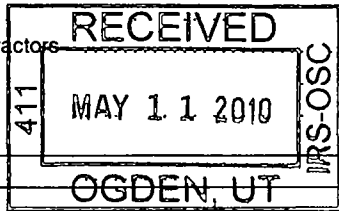
**J Tax-exempt status** (check only one) -  501(c)(5) (insert no.) \_\_\_\_\_ 4947(a)(1) or \_\_\_\_\_ 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **37,756.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received			
	2	Program service revenue including government fees and contracts			37,756.
	3	Membership dues and assessments			
	4	Investment income			
	5 a	Gross amount from sale of assets other than inventory	5 a		
	b	Less: cost or other basis and sales expenses	5 b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6 a		
b	Less direct expenses other than fundraising expenses	6 b			
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7 a	Gross sales of inventory, less returns and allowances	7 a			
b	Less: cost of goods sold	7 b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe ▶ _____)				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			37,756.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)			
	11	Benefits paid to or for members			
	12	Salaries, other compensation, and employee benefits			
	13	Professional fees and other payments to independent contractors			285.
	14	Occupancy, rent, utilities, and maintenance			37,580.
	15	Printing, publications, postage, and shipping			
	16	Other expenses (describe ▶ _____)			
17	<b>Total expenses.</b> Add lines 10 through 16			37,865.	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			(109.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			49,252.
	20	Other changes in net assets or fund balances (attach explanation)			
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20			49,143.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	4,945	4,836.
<b>23</b>	Land and buildings	43,149.	43,149.
<b>24</b>	Other assets (describe ▶ FURNITURE AND FIXTURES)	1,158.	1,158.
<b>25</b>	<b>Total assets</b>	49,252.	49,143.
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)		
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	49,252.	49,143.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction. Form **990-EZ** (2009)

SCANNED JUN 17 2010

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? NA  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28		
(Grants \$ ) If this amount includes foreign grants, check here	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here	30a	
31 Other program services (attach schedule)		
(Grants \$ ) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instr)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
H BRADLEY STOKES 642 S HICK SPRINGFIEL MO 65803	CHAIRMAN 1	0		
TONY PARRISH P O BOX 18 HIGHLANDVI MO 65669	TRUSTEE 1	0		
DICK E WILSON 718 HEDGE P ROGERSVILL MO 65742	TRUSTEE 1	0		
DAVID BEAMAN 1038 E CHE SPRINGFIEL MO 65807	TRUSTEE 1	0		
BILL NICHOLS 509 HIGHTO NIXA MO 65714	TRUSTEE 1	0		
MIKE BRUMLEY 2902 E DIV SPRINGFIEL MO 65803	SECRETARY 1	0		
NANCY WITTMAYER 308 TORY C HIGHLANDVI MO 65669	TRUSTEE 1	0		
CHARLES EDWARDS 5977 E FR ROGERSVILL MO 65742	TRUSTEE 1	0		
WAYNE MALAS 4280 W FR SPRINGFIEL MO 65803	TRUSTEE 1	0		
DEBBIE RUFFIN 3006 W MAD SPRINGFIEL MO 65802	TRUSTEE 1	0		
BILL HUTCHINS 4177 E BLA SPRINGFIEL MO 65802	TRUSTEE 1	0		
MICHAEL MILLS 1000 E HWY NIXA MO 65714	RECORD SEC 1	0		
CHRIS HORTON 1920 E VAL SPRINGFIEL MO 65803	TRUSTEE 1	0		
PAUL TUTER 3752 W FR SPRINGFIEL MO 65803	TRUSTEE 1	0		
RANDY APPLEBY 3471 CRAVE MANSFIELD MO 65704	TREASURER 1	0		
DOUG SOUTHARD 1705 E LAR OZARK MO 65721	TRUSTEE 1	0		
RICK LEIDY 9352 E FR FAIR GROVE MO 65648	TRUSTEE 1	0		
CRAIG ROST 620 E WOOD SPRINGFIEL MO 65807	TRUSTEE 1	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a 0</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ _____</span>		
42a	The organizations books are in care of <span style="float:right">▶ H BRADLEY STOKES</span> Telephone no <span style="float:right">▶ 417-869-7251</span> Located at <span style="float:right">▶ 2902 E DIVISION MO SPRINGFIELD</span> ZIP + 4 <span style="float:right">▶ 65803</span>		
b	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)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 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 | 46  |     |    |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     |    |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     |    |
| b If "Yes," was the related organization a section 527 organization?  | 49b |     |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

05/07/10  
 Signature of officer Date  
**H BRADLEY STOKES** CHAIRMAN  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature <b>JOHN D WHITE</b>	Date <b>04/22/2010</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying No. (See instr) <b>P00416512</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WHITE &amp; ASSOCIATES</b> <b>1942 E MEADOWMERE</b> <b>SPRINGFIELD MO 65804-0321</b>	EIN <b>43-1114310</b>	Phone no. <b>417-865-3300</b>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No