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OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung 2009 benefit trust or private foundation) Open to Public Department of the Treasury Inspection's The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending , 20 Name of organization IBEW LOCAL UNION 917 Check if applicable D Employer identification no Please use IRS 64-0295384 Address change Doing Business As print or Name change Room/suite Number and street (or P O box if mail is not delivered to street address) Telephone number type 918 45TH AVENUE Initial return Specific Terminated City or town, state or country, and ZIP + 4 G Gross receipts Instruc-MERIDIAN, MS 39302 259,659 Amended return bons CHARLIE KAMPER Application pending Name and address of principal officer H(a) Is this a group return for affiliates? Are all affiliates included? Your attach a list (see instructions) (insert no.) 4947(a)(1) or Tax-exempt status H(b) Website ► N/A Group exemption number MS Form of organization Corporation Trust Association L Year of formation M State of legal domicile As a local union of the IBEW, Briefly describe the organization's mission or most significant activities provides services to its members and training for current members and for apprentices G Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 225 225 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of employees (Part V, line 2a) · · · · · Total number of volunteers (estimate if necessary) · · · · · · Total gross unrelated business revenue from Part VIII, column (C), line 12 n Net unrelated business taxable income from Form 990-T, line 34 - - - - • Prior Year **Current Year** 225,279 260,761 Contributions and grants (Part VIII, line 1h) SCANINED Program service revenue (Part VIII, line 2g) 32,338 34,380 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . Other revenue (Part VIII, company), with \$60, Bc, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal flat VIII, column (A), line 12) 293,099 259,659 Grants and similar amounts paid (Part IX, column (A) (Pres 1-3) 13 Benefits paid to or for mambel Aran 212, callith (A) line 4) 14 62,753 71,435 155,978 163,975 Salaries, other compensation, employee benefits (Paff), column (A), lines 5-10) 15 16a Professional fundraising fees (Paff) Loculum (A) line 1/e) Total fundraising expenses 15.00 20 () () (60,481 61,853 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 279,212 297,263 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13.887 (37.604)Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · 19 Beginning of Current Year End of Year 1,298,281 20 Total assets (Part X, line 16) 1,335,957 Fund 21 Total liabilities (Part X, line 26) 2,938 2,865 Net assets or fund balances Subtract line 21 from line 20 · · · · · 1,333,019 1,295,416 22 Signature Block mined this return including accompanying schedules and statements, and to the best of my knowledge es of perjury, I declare that I have ex tion of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here and title Type or print nan Date Check if Preparer's identifying number Preparer's (see instructions) selfemployed Paid 05-14-2010 27 08**8 2**009 Preparer's CULPEPPER AND CULPEPPER CPA Use Only Firm's name (or yours PO BOX 166 if self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

MERIDIAN, MS 39302-0166

address and ZIP + 4

LG.

Form 990 (2009)

Yes

XNo

Phone no

▶ 601-693-6951

Form	n 990 (2009) IBEW LOCAL UNION 917 64-02953	84 Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	As a local union of the IBEW, the union provides services to its members and training for current members and for apprentices.	
	current members and for apprentices.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	LOCAL LABOR UNION FOR THE BENEFIT OF MEMBERS. TO HELP TO BRING INDUSTRY AND JOBS TO THE	
	AREA. TO HELP TRAIN CURRENT MEMBERS AND APPRENTICES.	
		
		·
		
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
		 ′
		,
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		

Par	t 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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		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,			
•	VII, 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		क्ट्रिंट	1
•	Schedule D, Part VI	` , <i>`</i>	75	3 3 3
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			7.5
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ستجار رس	/	10 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	5		ء بريز د به
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1 3 2 4	ار بازیر	100
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			. 2
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	, ,		(),50
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		` `1	f 1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	j. 6 35	ا ، کاپی کسی	ر کے اگرین
•	the organization's separate of 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	•	1 7.59	*11
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	٠, ,	. `\\$\si_	, · · .
12	Schedule D, Parts XI, XII, and XIII	12		v
424		7.0		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·	ful (
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	~ 13	اه و اد	v
13		14a		X
14a	Did the organization maintain an emost empreyees a second or agents	140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		v
4 5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	.40		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		v
	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	4-		١,,
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			١
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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 Х 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 Х Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? • • • • • 24h b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 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 Х 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 25b Х 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 Χ 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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. 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II. 34 34 X is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 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, 37 Х 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 Х

			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		,","-	-7,
	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 225]	, <u>V</u>	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	,	`.	"S & ."
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7,	**/,	1.75
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · · 2a 3		,	. %.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	\ ``.		1.3
	instructions)	[45]		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1		, ,
	this return? · · · · · · · · · · · · · · · · · · ·	3a		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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	1	. 4	
	and Financial Accounts			1., .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		
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
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	198		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	mile y		37.5
	and services provided to the payor?	7a	ļ	X
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	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	ļ. <u>.</u>	·	,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		٠.	٠,
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
_	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	3		. 4
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	100	-	-
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	X
10	Section 501(c)(7) organizations. Enter	1	** ·	*.
a	Initiation fees and capital contributions included on Part VIII, line 12	- 1	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •	١ ']. '	
11	Section 501(c)(12) organizations. Enter	:	[;	٠,٠
а	Gross income from members or shareholders			, , ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)	1,10-	` <i>`</i>	7, %
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
h	ir tes enterine amount of tax-exempt interest received of accided duffid the veal + • • • • • • • 1 120 1	1		1

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 225	9.1	38.3	
þ	Enter the number of voting members that are independent ••••••••••••••••••••••••••••••••••••	1.13	, %	(, , , , , , , , , , , , , , , , , , ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		J. (
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_ X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ••••••	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	_X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		٠,,	, , , , , , , , , , , , , , , , , , ,
	the year by the following	.,		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	** *		,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	,	,:-1-	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	``, `;,	22 S	*
а	The organization's CEO, Executive Director, or top management official	15a	X	[*]
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	102	75 75 7	, ,
16a	Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement	i		
	with a taxable entity during the year?	ւ . 16a	: y .(.)	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		٧٠,	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		236	iki
	the organization's exempt status with respect to such arrangements?	16b	~ (
S				
	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization DOUG OLSON 918 45TH AVENUE Meridian, MS 39307			
	210 43IU WADNOT WETTOTOTI' IN 32301			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100.000.of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)			(C	:)			(D)	(E)	(F)
Name and Title	Average hours per week	ltd nri dur se vtc let deo u r	l t n r s u t s ı t	O f f c e r	K e	at apply) H c e I o m p I p o o s r s e t e d	F o r m e r	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
CHARLIE KAMPER			\dashv							
PRESIDENT				Х				330		
OON WEATHERS								'		1
TICE PRES.		<u> </u>		X				300		
TAY VICK			- 1							
RECORDING SEC		\perp		X				180		
DOUG OLSON				l						
BUS MGR		<u> </u>				Х		56,394		
PHIL ODOM				l	į					
TREASURER				X			L	360		
STACEY HENDERSON		1	l							
EXECUTIVE BRD				<u> X</u>				120		
SCOTT BRANTLEY			ĺ	ļ						
EXECUTIVE BRD		X	_	_				120		
KLINE GRESSETT				l						
EXECUTIVE BRD		X	_	ļ				330		
CHRISTOPHER SKIPPER			ļ							
ASST BUSINESS MANAGER		ļ		<u> </u>			L	50,142		
STEPHEN HOWARD										
EXECUTIVE BOARD		X	_	[360		
DONALD KINARD								_		
EXECUTIVE BOARD		X				<u> </u>	<u> </u>	360		
J SHELTON										
EXECUTIVE BOARD		Х					<u> </u>	180		<u> </u>
SHAWN OLSON										
EMPLOYEE	_	 		X			<u> </u>	12,020	·	ļ

Page 8

Pa	M: VII Section A Officers, Directors, Trustees,	(B)		4 1 11		C)	Jiipeii		(D)	(E)	(F)
	Name and Title	Average	Posi	ion (d			at apply)	,	Reportable	Reportable	Estimated
	•	hours per week	Itd nri dur ise vtc iel deo ur ao	l t n r s u t s	Office	K e y e m p l o y e e	H c e i g mp l e e o s n y t s e t e d	F	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					 						
1b	Total				• •		• • •		121,196	0	0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those lister	d abov	e) w	ho r	ecei	ved m	ore t	han \$100,000 in	0	
	reportable compensation from the digardzation								· · · · · · · - ·		Yes No
3	Did the organization list any former officer, director o										* 10 30 50 1 mg v
	employee on line 1a? If "Yes," complete Schedule J f									• • • • • • • •	3 X
4	For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that										
	Individual · · · · · · · · · · · · · · · · · · ·										4 X
5	Did any person listed on line 1a receive or accrue co	mpensation f	rom an	y un	rela	ted	organi	zatio	n for		Sens Jan G
	services rendered to the organization? If "Yes," comp	olete Schedul	e J for	sucl	h pe	rsor					5 X
Sec	ction B. Independent Contractors										
1	Complete this table for your five highest compensate compensation from the organization	d independer	nt conti	acto	ors tl	hat r	eceive	d m	ore than \$100,000	of	
	(A)								(B)		(C)
	Name and business addres	ss							Description of s	ervices	Compensation
				_					-		
_											
2	Total number of independent contractors (including b	out not limited	to the	se In	sted	aho	ve) wh	no re	ceived		N 2 1
-	more than \$100,000 in compensation from the organ			11	cu	350	, ***			S	

Form 990 (2009)'

<u>Paπ '</u>	;	Statement of Revenue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	,1a	Federated campaigns · · · · · ·	1a		, , , ,	revenue	4	512, 513, or 514
	Ъ	Membership dues · · · · · · · ·	1b	210,606		, i s	,	
Contri-	c	Fundraising events	1c			·		x 1
outions, pifts,	d	Related organizations · · · · · · ·	1d		, , ,	,	, ,	· · · · · · · · · · · · · · · · · · ·
prants	e	Government grants (contributions)	1e		, s g'			
and other				•	, ' , '		, ,) / h
other similar	T	All other contributions, gifts, grants, and similar amounts not included above	1f	14,673		h* , .		
amounts	g	Noncash contributions included in lines 1a-			,		4 2 3 1	
	h	Total. Add lines 1a-1f		 •	225,279	" " " " " " " " " " " " " " " " " " "		د من د من ا
	- "	Total Add lines to the		Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,		2 3
	2a		<u> </u> -	DUSPIESS COUR		,	, .	·
	ь		— H	<u> </u>	-			
orogram ²			— -				-	
Service Revenue	ď		— -					
(C)Cano	ء ا							
	f	All other program service revenue • • • •	 . -					
	g	Total. Add lines 2a-2f				-5.7	: Sq. 5% 1 36"	
							AT 7 19 2	2 5 2
	3	Investment income (including dividends, into other similar amounts)			34,380	34,380		
	4	Income from investment of tax-exempt bond		-				
	5	Royalties · · · · · · · · · · · · · · · · · · ·						-
	•	(ı) Real		(II) Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V 8 3 2 3 5 5	e, , , , , , , , , , , , , , , , , , ,	18 to 30
	6a	Gross Rents · · · · ·		(ii) Personal	官 激发 等。		End & A Marie	
	l	Less rental expenses · · · ·	- +		第 54 产气器		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1	Rental income or (loss) · · ·					The Walter	
	l .	Net rental income or (loss)	••••		· · · · · · · · · · · · · · · · · · ·	کا مادا کا ایسان استان کا ا	Br⊁afe = 1478	``
	1	Gross amount from sales of (i) Securitie	96	(ii) Other	Carry Same	14 15 2 2 3		· No · · · · · · · · · · · · · · · · · ·
	/a	assets other than inventory	-	(ii) Outer				ياري وخطم يرايمه حورية
	_	Less cost or other basis			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	£ 1,534, 3 7 3	15 20 25	
		and sales expenses • • • •				Estate San	150	
0	C	Gain or (loss)				1 13	Jr , Nr.	
h		Net gain or (loss)			1 - 24 - 1	Y-42	14,92 as \$5.5 all all	
е	1	Gross income from fundraising		•	S		, 2, ,	
r		events (not including \$					19 1 1 1 1 1 1 1	
R		of contributions reported on line 1c)	-					12 1 5 1
e v	1	See Part IV, line 18 · · · · · · · · ·	· a					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	b	Less direct expenses · · · · · · · ·	. ь Г				Strain in	in the index frequen
n u	С	Net income or (loss) from fundraising events	ts	• • • • • •				a cra a to seems to rhom
е	9a	Gross income from gaming activities			37,61 4			
	ļ		· a				32.31	
	ь	Less direct expenses · · · · · · · ·	. ь Г			13 St. 18	120000	
	С	Net income or (loss) from gaming activities		• • • • • •				
	10a	Gross sales of inventory, less			, ,			Contract Carl
		returns and allowances · · · · · · ·	· a					
	b	Less cost of goods sold	. ь Г					2.16.225
	C	Net income or (loss) from sales of inventory	y	• • • • • •	1			
		Miscellaneous Revenue		Business Code	A. 1882	4. 4	Jan 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11a				1			
	ь							
	С							
	d	All other revenue · · · · · · · · · · · · · · · · · · ·	 [
	e	Total. Add lines 11a-11d		• • • • • •			4	· · · · · · ·
	12	Total revenue. See instructions			259,659	34,380	1	(

64-0295384 '

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) (A) Total expenses **(B)** Do not include amounts reported on lines 6b, (D) Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 71,435 71,435 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 59,034 59,034 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · 62,162 62,162 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 34,170 34,170 9 8,609 8,609 10 11 Fees for services (non-employees) а b 1,250 1,250 Accounting d Professional fundraising services See Part IV, line 17 -. Kr. 1 f g 2,502 2,502 12 Advertising and promotion 2,795 2,795 13 Office expenses 14 Information technology 15 17,667 17,667 16 10,413 10,413 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 250 250 Conferences, conventions, and meetings 19 20 21 5,558 22 5,558 Depreciation, depletion, and amortization 1,007 1,007 23 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) 6,579 6,579 TELEPHONE 3,833 3,833 REPAIRS 3,544 3,544 AUTO AWARDS & GRAMTS 919 919 OTHER 5,536 5,536 n 297,263 297,263 0 25 Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Form 990 (2009)

<u>Pa</u> r	t.X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	38	1	1,522
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	1,093,903	2	1,070,382
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	45,313	4	31,359
	5	Receivables from current and former officers, directors, trustees, key	, -		
		employees, and highest compensated employees. Complete Part II of			
		Schedule L \cdots		5	
	6	Receivables from other disqualified persons (as defined under section		37.75	
Α		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		i i	
S		Part II of Schedule Ł · · · · · · · · · · · · · · · · · ·		6	,
S	7	Notes and loans receivable, net	1	7	
e t	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or	4 1 7	-	* * * * * * * * * * * * * * * * * * *
		other basis Complete Part VI of Schedule D · · · · · 10a 245, 018			
	b	Less accumulated depreciation • • • • • • • • • • 10b 50,000	196,703	10c	195,018
	11	Investments - publicly traded securities		11	-
	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)	1,335,957	16	1,298,281
	17	Accounts payable and accrued expenses	2,938	17	2,865
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i a	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key	My - 1/2 - 1	16	
i		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
l e	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	2,938	26	2,865
		Organizations that follow SFAS 117, check here		27, 3	
NF		complete lines 27 through 29, and lines 33 and 34.		10 10 1	
e u	27	Unrestricted net assets		27	
t n d	28	Temporarily restricted net assets		28	
А	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		29	
s B s a		Organizations that do not follow SFAS 117, check here		25,74	
e i		and complete lines 30 through 34.		5. h. s	
t a s n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
0 e	32	Retained earnings, endowment, accumulated income, or other funds • • • • • • •	1,333,019	32	1,295,416
rs	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	1,333,019	33	1,295,416
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	1,335,957	34	1,298,281

Form	ggn	(2009)	

IBEW LOCAL UNION 917

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u	•	_	u	_	7	J		0	*	

Page 12

Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Other	S	100	5.74
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	P.	. !	31
	Schedule O		1.05	٠. ١
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	, , ,	186 × 2.	1,34
	Schedule O	1.	("	\$* ·
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	; .::- .::-		135 3
	issued on a consolidated basis, separate basis, or both], I	5.53
	Separate basis Consolidated basis Both consolidated and separate basis		1	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form **990** (2009)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 2009

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes," to Form 99 Section 501(c)(4), (5), or (6) organizations				
Nar	ne of organization			Employer is	dentification number
IB	EW LOCAL UNION 917			64-029	5384
Pa	rt I-A Complete if the organ	ization is exempt under sect	ion 501(c) or	is a section 527 org	anization.
1	Provide a description of the organization				
2	Political expenditures · · · · · · ·			• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours				
				_	
Pa	rt I-B Complete if the organ	ization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise tax incurr	ed by the organization under section 4	955	• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of any excise tax incurr	ed by organization managers under se	ction 4955 · · ·	· · · · · · · • • • • • • • • • • • • •	
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	7		· · Yes No
4a	Was a correction made?				· · Yes No
b	If "Yes," describe in Part IV				
Pa		ization is exempt under sect		cept section 501(c)	(3).
1	Enter the amount directly expended by the				
	activities · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organization				
	527 exempt function activities - · · · ·			• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add		<u>=</u> '		
	line 17b • • • • • • • • • • • • • • • • • • •				
4	Did the filing organization file Form 1120-	-POL for this year?		• • • • • • • • • • • • •	· · Yes No
5	State the names, addresses and employe	er identification number (EIN) of all sec	tion 527 political o	rganizations to which payr	nents
	were made. For each organization listed,	enter the amount paid from the organi	zation's funds. Als	o enter the amount of polit	ical
	contributions received that were promptly	•	•		egated
	fund or a political action committee (PAC) If additional space is needed, provide	information in Pa	art IV	· · · · · · · · · · · · · · · · · · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none enter -0-
-					

ĘΕΑ

		Lobbying Expenditures [During 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	The same of the sa	* *	The state of the s	3 7 3	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))		20 (S)			
f	Grassroots lobbying expenditures					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT to the complete if the organization is exempt under section 501(c)(3).	iled i	Form	5768	
	(election under section 501(h)).	1	(a)		(b)
	•				
		Yes	No	A	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	S. 7.	,	<i>a</i> ,	
	legislation, including any attempt to influence public opinion on a legislative matter or	10	13.7	, 3	47 J. J.
	referendum, through the use of	, ·		· · · · · ·	
а	Volunteers? · · · · · · · · · · · · · · · · · · ·			5.	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	ļ			ر ا ما الأوامد الما
c	Media advertisements?	_			
d	Mailings to members, legislators, or the public?			ļ	
е	Publications, or published or broadcast statements?	<u></u>			
f	Grants to other organizations for lobbying purposes?		ļ		
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		 		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>	<u> </u>		
i	Other activities? If "Yes," describe in Part IV	25.8	ļ	ļ	
j	Total Add lines 1c through 1i - · · · · · · · · · · · · · · · · · ·	, 25, 3			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1	8	: " (1 - 1 41
b	If "Yes," enter the amount of any tax incurred under section 4912		, " , "		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	/ /4	Se 1		, ,,
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1.45	<u> </u>	F	"" 1,6^
Pa	rt III-A: Complete if the organization is exempt under section 501(c)(4), section 501(:)(5),	or s	ection	
	501(c)(6).				Yes No
	Were substantially all (90% or more) dues received nondeductible by members?			1	X
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X
2 3	Did the organization make only menouse lobbying expenditures of \$2,000 or less. Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	X
<u>ra</u>	<u>rit III-B</u> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,				
	"Yes."		, 10 u		-
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		345		
	expenses for which the section 527(f) tax was paid).		5. 54°°		
а	Current year		2a		
b	Carryover from last year		2b		
С	Total · · · · · · · · · · · · · · · · · · ·		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · ·		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		" ,		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		37.7	Ì	
	and political expenditure next year?		4	<u> </u>	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	art IV Supplemental Information				
Con	riplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line	11			
Also	o, complete this part for any additional information				
					
				_	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection -

Name	of the organization	Employer identification number
IBE	EW LOCAL UNION 917	64-0295384
	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	the organization answered "Yes" to Form 990, Part IV, line 6	
•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · Yes No
Pà	conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	y important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	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)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	ne year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	ar
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	· · · · · · · · · Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	ment, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes
40	the organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner 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	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 she	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,
	provide the following amounts relating to these items	▶ #
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116 relating to these items	. .
a	Revenues included in Form 990, Part VIII, line 1	· · · · · • • • • • • • • • • • • • • •
þ	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · • \$

Sched	ule D (Form 990) 2009 IBEW LOCAL UNIO	N 917				64-0295	384	Page 2
Pai		Collections of	Art, Histo	orical Treasures	or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, accession,	and other records,	check any of	the following that are	e a signi	ficant use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loa	an or exchan	ge programs				
b	Scholarly research	e 🗌 Oth	ner					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain t	now they furth	ner the organization's	exempt	purpose in		
	Part XIV							
5	During the year, did the organization solicit or re	eceive donations of	art, historica	treasures, or other s	ımılar			
	assets to be sold to raise funds rather than to be						· · Ye	s No
Pai	Escrow and Custodial Arra Part IV, line 9, or reported an amoun			anization answered "	Yes" to F	orm 990,		
1a	Is the organization an agent, trustee, custodian			itions or other assets	not			
18	-						Yes	s No
.	If "Yes," explain the arrangement in Part XIV an						16:	,
b	ii Tes, explain the arrangement in Fart Arv an	d complete the folic	wing table			Am	ount	
	Beginning balance				10		ount	
C	Additions during the year	• • • • • • • • •			10			
d	Distributions during the year				16		 	
e	Ending balance · · · · · · · · · · · · · · · · · · ·							
f	Did the organization include an amount on Form						Ye:	s No
2a		11 550, Falt A, line 2	.,,,					, []140
b Feet		of the ergenization	answored "V	os" to Form 000 Part	IV line	10		
Pa	t V Endowment Funds. Complete						T (2) 5	
40	Reginning of year halance	(a) Current year	(b) Pnor	year (c) Two year		(d) Three years back	(e) Four ye	ars back
1a 	Beginning of year balance Contributions		·	V 5, ₹	. 12 (12) - 120 (11)		9 C 7 O C	- 5 Ta
b					- 44 88 - 38	Charles San	14 July 100	- \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C	Net investment earnings, gains, and losses	<u> </u>	 		17 3 to 3		1812	
d	Grants or scholarships · · · · · · · · · · · · · · · · · · ·		 	<u>l``</u>	***	(3) 12 E E	** *** **** ** ***	7.18 2. 4.08
е	Other expenditures for facilities				4. ,			
	and programs		 	1 2 3 3 5		Mary to the day		<u>+ 3,2 + ,2 +</u> 1,2 ^e e + e + e
T -	Administrative expenses · · · · · · · · · ·		 					-
g	End of year balance	- 4 5 - 1 5 - 1 4	_L	3 43		Might Markey Signer of the	11/2 1 11/11/11	5 - 707
2	Provide the estimated percentage of the year en							
a	Board designated or quasi-endowment	·········· %						
b	Permanent endowment \(\bigs\) %							
C	Term endowment ▶ %	6.0		-14 4 - 4 4	6 AL-			
3a	Are there endowment funds not in the possessi	on of the organizati	on that are h	eiu ano aoministered	ior the		Γ.	res No
	organization by							es No
	(i) unrelated organizations · · · · · · · ·						• 3a(i)	
	(ii) related organizations						• 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	•		/			· 3b	
4	Describe in Part XIV the intended uses of the o			E 000 D (V)	- 40			
Pa	rt VI Investments - Land, Buildi	ngs, and Equi	pment. Se	e Form 990, Part X, I	ine 10			
	Description of investment	(a) Cost or of	ther basis	(b) Cost or other	1 ''	Accumulated	(d) Book	/alue
		(investr	ment)	basis (other)	- C	epreciation		181,751
1a	Land	• • •		181,751	· · · · · · · · · · · · · · · · · · ·	, T. (, ,)		101,/31
þ	Buildings				ļ			
C	Leasehold improvements				ļ	E0 000		12 267
d	Equipment	•••		63,267		50,000		13,267
е	Other · · · · · · · · · · · · · · · · · · ·	• • •		1 40(-)	L			105 010
Tota	 Add lines 1a through 1e (Column (d) must equ 	ual Form 990, Part I	X, column (B)	, line 10(c)) • •	• • • •	• • • • • ▶		195,018

Part VII	Investments - Other Securities.	ee Form 990, Part X, line 12		
	(a) Description of security or calegory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial der				
	equity interests	·		
Other				
				
				
		<u> </u>		
Total (Column	(b) must equal Form 990. Part X. col. (B) line 12.)			1
	(0)	iee Form 990, Part X, line 13		
Part VIII		1		· · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
- 			oost of cita-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		
		Description	(b) Bo	ook value
 				
		<u> </u>		
		<u> </u>		
	<u> </u>			
T-4-1 (O-1	(h)	• •		
	nn (b) must equal Form 990, Part X, col (B) line 15			
Part X	Other Liabilities. See Form 990, Part X, I			, , , , e, , 48
Fodoralizaci	(a) Description of liability	(b) Amount		,
Federal inco	me taxes			, , ,
			Harry Harry & March 18 18 18 18 18 18 18 18 18 18 18 18 18	15
				COST
				**
		· · · · · · · · · · · · · · · · · · ·		
				اوگر ۱۸۰۰ (۱۹۶۶ - ۱۹۶۶) اگرچ - در رای
				200
				
	(h) must equal Form 990. Bod V. col. (D) inc. 25.)			
	(b) must equal Form 990, Part X, col (B) line 25)	to the organization's figancial	statements that reports the	·

Sched	fule D (Form 990) 2009 IBEW LOCAL UNION 917	64-0295384 '	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities - · · · · · · · · · · · · · · · · · ·	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	·
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · 2a	, -,	
b	Donated services and use of facilities 2b	7.	
C	Recovenes of prior year grants	;	
d	Other (Describe in Part XIV)	- ; .:	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	:	
а	Donated services and use of facilities		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
С	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7 K 3	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	3	
þ	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
Com	plete 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		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this	part to provide any additional information		

Nod Rale Current Accumulated Phor 64-02 0 0 6,284 0 0 6,284 0 0 6,896 0 0 6,	* Item of dur	* Item was disposed of during current year					Õ	Depreciation Detail Listing Program Services For your records only	iation Detail Program Services	etail List	ing				200 PAGE	2009 PAGE 1
Chargement Cha	Name(s) as shown on return												Social	security rumber/EIN 64-0295384	
Secretary Continue 1997 100	ı	Description	Date	Cost	Salvage	Business	Section 179	Depreciation Basis	Life	Method	Rate	Current	Accumulated Depreciation		Bonus	AMT
CONSTITUTION 1999/0731 6.284 100 00 6.284 100	\top	OFFICE FURNITURE	19970101	959		100.00		959			0		959			
7 1.2 TOW ATE WITH 20090701 5.591 1 100.00 5.591 5 0 5.591 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OFFICE FURNITURE	19980331	6,284		100 00		6,284			0		6,284			
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		Totals		63, 267				63,267				5,558	50,000			6,722

Form 4562	Depreciation a	nd Amortizatio	n		OMB No 1545-0172		
	(Including Informat	tion on Listed P	roperty)		2009		
Department of the Treasury Internal Revenue Service (99)	➤ See separate instructions.	► Attach to your	tax return.		Attachment Sequence No 67		
Name(s) shown on return		Business or activity to which this	s form relates		Identifying number		
IBEW LOCAL UNIO	ON 917	FORM 990 -	1		64-0295384		
	o Expense Certain Property Und						
Note: If you h	ave any listed property, complete Part V be	fore you complete Part I			T		
1 Maximum amount See	e the instructions for a higher limit for certai	n businesses · · · · ·		1			
2 Total cost of section 17	79 property placed in service (see instruction	ns) • • • • • • • • • • • • • • • • • • •		2			
3 Threshold cost of section	on 179 property before reduction in limitation	on (see instructions) • •		3			
4 Reduction in limitation	Subtract line 3 from line 2 If zero or less, or	enter -0-		4			
5 Dollar limitation for tax	year Subtract line 4 from line 1 If zero or i	ess, enter -0- If married fi	ling				
separately, see instruc	tions - · · · · · · · · · · · · · · · · · ·			5			
(a)	Description of property	(b) Cost (business use only)	(c) Elected cost		and the second		
6)						
7 Listed property Enter	the amount from line 29 · · · · · · ·						
8 Total elected cost of se	ection 179 property. Add amounts in columi	n (c), lines 6 and 7 · · ·	• • • • • • • • •	8			
9 Tentative deduction E	nter the smaller of line 5 or line 8 • • • •			9			
10 Carryover of disallowe	d deduction from line 13 of your 2008 Form	4562	· · · · · · · . [10			
11 Business income limita	ation. Enter the smaller of business income	(not less than zero) or line	5 (see instructions)	11			
12 Section 179 expense of	deduction Add lines 9 and 10, but do not er	nter more than line 11	· · · · · · · · · · · · · · · ·	12			
13 Carryover of disallowe	d deduction to 2010 Add lines 9 and 10, le	ss line 12 · ▶ 13			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Note: Do not use Part II or F	Part III below for listed property. Instead, use	e Part V					
Part II Special De	preciation Allowance and Other	Depreciation (Do no	ot include listed prop	erty)	(See instructions)		

Pa	rt II Special Depreciation Allowance and Other Depreciation (Do not include listed pro	perty	(See instructions)
14	Special depreciation allowance for qualified property (other than listed property) placed in service		
	during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election · · · · · · · · · · · · · · · · · · ·	15	
16	Other depreciation (including ACRS)	16	100
Pa	Tt III MACRS Depreciation (Do not include listed property) (See instructions)		

	Section A							
17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	2,608					
18	If you are electing to group any assets placed in service during the tax year into one or more general	تُّ ' اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ						
	asset accounts, check here · · · · · · · · · · · · · · · · · ·	1						
	Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation St	vstem	•					

	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs	MM	S/L	
	property			27 5 yrs	MM	S/L	
ī	Nonresidential real			39 yrs	MM	S/L	
	property				MM	S/L	
	Section C - Ass	ets Placed in Service	During 2009 Tax Year	Using the Al	ternative Depre	eciation Syste	em
20 a	Class life	1 3 3 3 4				S/L	

		Section C - Assets	Placed in Service During 200	9 Tax Year Using the Alte	rnative Depr	eciation System	
20 a	Class life		1.25			S/L	
b	12-year			12 yrs		S/L	
С	40-year			40 yrs	MM	S/L	
Pa	HTV Su	mmany (see instru	ctions)				

С	40-year		40 yrs	yrs MM		
Pa	rt IV Summary (see instru	ictions)				
21	Listed property Enter amount fro	m line 28 · · · · · · · ·			21	2,850
22	Total. Add amounts from line 12,	ines 14 through 17, lines 19 and	d 20 in column (g), and	line 21 Enter	here	
	and on the appropriate lines of yo	ur return Partnerships and S co	orporations - see instruc	tions • • •	22	5,558
23	For assets shown above and place					
	portion of the basis attributable to	section 263A costs · · · · ·	23			

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	trainie (a) ambagii	(0) 01 000110	,		-,		, , , , , , , , , , , , , , , , , , , 	piiodolo				_			
Section A -	Depreciation and Ot	her Informat	ion (Cau	ition: See	the in	struction	is for lim	its for pas	senger	automo	biles)				
24a Do you have eve	dence to support the busin	ess/investment (ıse claime	d?		Yes	No	24b If "	Yes," is	the evic	lence wr	itten?	Ye	s No	
(a) (b) Type of property (list Date placed in vehicles first) service		(c) Business/ investment use percentage	(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recovery penod	(g) Method/ Convention		(h) Depreciation deduction		sect	(i) Elected section 179 cost	
25 Special depr	eciation allowance fo	r qualified lis	ted prop	erty place	d in s	ervice di	uring the			T				4	
	used more than 50%						_			. 25				,	
	d more than 50% in a						<u></u>				·		<u>`</u>		
2008 FORD	20070803			,161	T	16,1	.61	5	S/L-	HY	2	2,850			
	1 1	%		,	1			 	· · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1 1	%							<u> </u>				+		
27 Property use	d 50% or less in a qu	alified busin	ess use												
		%						T	S/L-		l		7 18	٠ ٧.,٠	
 		%			+			S/L-							
		%			_			 	S/L-				⊣ ", ·		
28 Add amounts	s in column (h), lines	L		bere and	on line	e 21 na	ne 1 ·	<u> </u>		. 28	2	2,850	-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	s in column (i), line 26											29		· · · · · · ·	
	7 M 00/0/11 (1); MIO 20			B - Inform		on Hee	of Vahio	loe					<u> </u>		
Complete this see	tion for inhibitor ison									4	16				
	tion for vehicles used													es	
to your employees	s, first answer the que	estions in Se	ction C t	o see if yo	u mee	et an exc	eption to	o completi	ing this	section	for those	vehicles			
30 Total busines	ess/investment miles driven		(a)		•	(b) (c		(c) (d)		r)	(e)		(f)		
	ar (do not include		Vehicle 1		Vehi	Vehicle 2 Vehic		rcle 3	cle 3 Vehicle 4		Vehicle 5		Vehicle 6		
commuting n	•										ļ				
	iting miles driven dur	•					ļ				ļ				
,	ersonal (noncommut	ing)													
miles driven		• • • • • •					ļ								
33 Total miles d	riven during the year	Add									1				
lines 30 throi	•	• • • • • •													
34 Was the veh	icle available for pers	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
use during of	ff-duty hours? • •	• • • • • •													
35 Was the veh	icle used primarily by	а													
more than 5%	% owner or related pe	erson? • •									L	l.			
36 Is another ve	hicle available for pe	rsonal												_ :	
use? · · ·	• • • • • • • • •					<u></u>						1			
	Section C -	Questions	or Empl	oyers Who	Prov	vide Veh	icles for	Use by T	heir Em	ployees	3	•			
Answer these que	stions to determine if	you meet a	n except	ion to com	pletin	g Sectio	n B for v	ehicles us	ed by e	mploye	es who a	ire not			
more than 5% owi	ners or related perso	ns (see instri	uctions)												
37 Do you main	tain a written policy s	tatement tha	t prohibi	ts all perso	nal u	se of ve	hicles, in	cluding co	ommutir	ng, by			Yes	No	
your employe	es?														
38 Do you main	tain a written policy s	tatement tha	t prohibi	ts persona	l use	of vehicl	es, exce	ept commu	uting, by	your		ŀ			
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
	all use of vehicles by		-												
	de more than five vel								es abou	ut the		-			
use of the ve	hicles, and retain the	Information	received	ያ											
	the requirements co				lemon	stration	use? (S	ee instruc	tions)						
•	answer to 37, 38, 39						•		•			1			
		, 40, 01 41 13	103, 0	0 1101 00111		0000000	3 101 1110	COVETCO	· · · · · · · · · · · · · · · · · · ·			1		<u> </u>	
Part VI An	nortization	1						_							
Descnp	(a) tion of costs	Date amo	(b) ortization Amort gins			(c) izable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this ye		year	
42 Amortization	of costs that begins	during your 2	2009 tax	year (see	ınstru	ctions)				·	- 1				
		,,,,,,,,,,					Т		- [
		 		-											
43 Amortization	of costs that began b	efore your ?	009 tav	vear · ·							43				
	mounts in column (f)				to ren	ont -					44				
44 Total Add ar	nounts in column (1)	See the inst	, actions	101 MINEIG	ro ieh				· · · ·		_ 				