

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



. 990

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

Department of the Treasury Internal Revenue Service

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

Ā	For th	e 2009 ca	alendar	year, c	or tax year b	eginnin	3		, 2009, a	nd ending	_			, 20	
В	Check if	applicable	Please	C Nam	e of organizati	on 125 [LOCAL INT	ERNATION	IAL BRO	OTHERH	OOD	D	Employe	r identification i	number
	1	change	use IRS label or				LOCAL 125					1	93	019621	6
	Name c	-	print or	Numb	er and street (or	PO box if	mail is not delive	red to street add	dress)	Room/surt	е	E	Telephon	e number	
\Box	Initial re	•	type. See	1720	0 NE SACF	RAMEN	TO STREET					(530)	262-912	25
\Box	Termina		Specific Instruc-		or town, state					1		Г			
$\overline{\Box}$	Amende		tions.	POR'	TLAND, OF	R 97230	-25940					G	Gross rece	eipts \$ 3.66	62,752
\Box	· ·	on pending	F Nam	ne and a	ddress of prin	cipal offic	er TRAVIS	ERI. BUS	MANA	GER	H(a) to th	e a an	our return fo	or affiliates? Yes	
							EET, PORT							cluded? Tyes	
ī	Tax-ex	empt status			5) ◀ (insert n		4947(a)(1) or	<u>527</u>			i i			st (see instruction	
J	Websi	ite: ▶									H(c) Group			· ·	···- ·
K	Form of	organization	Corpr	oration [Trust 🛮 Ass	ociation	Other ►		L Year	of formatio			•	egal domicile. O	R
E	art I	Summ	ary								,	•			
Artivities & Governance							on or most s E WELLBE			'•	ORT THE	OPE	RATIO	NAL ACTIVIT	ΠES
Ž	2	Check this	i box ►	🔲 if th	e organization	discontin	ued its operation	ons or dispose	ed of more	than 25%	of its net as:	sets.			
9	3 3	Number	of votin	ng mer	nbers of th	e gover	ning body (F	Part VI, line	1a)				3		8
9	3 4						of the gove			(l, line 1b)			4		0
	5				oyees (Part					-			5		60
Į	6 6				teers (estin								6		0
							rom Part VII						7a		0
_							rom Form 99			<u> </u>			7b		0
											Prior Y	'ear		Current Ye	ar
_ ,	, 8	Contribu	tions ar	nd gra	nts (Part VI	II, line 1	h)				3	,060	,386	3,5	58,199
4 2010	9	9 Program service revenue (Part VIII, line 2g)						l.		8	,710		6,199		
	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									1	,915		1,491	
€ 1 a	11						s 5, 6d, 8c,					41	,112		56,486
							st equal Part			912)	3	,112	,123	3,63	32,375
AUG	13	Grants a	nd simi	lar am	ounts paid	(Part IX	. column (A). lines 1-3)			27	,347		10,515
									700,453			348,086			
	15						nefits (Part I)		(). lines 5	- 10)	1	1,653,066			44,367
SCANNED	16a						mn (A), line								
急	Ь						(D), line 25)								
							s 11a-11d,					675	,326	69	98,012
\mathcal{Q}							Qual Part IX				3	,056	,192	3,10	00,980
w)_				penses	. Subtract li	ne 18 🗜		<u> </u>	<i>.</i>			55	,931	53	31,395
ets or	8		4 <u>0</u>	Anr	' 6 8 50	110	[]			В	eginning of (urrer	nt Year	End of Yea	iT_
sets.	ଞ୍ଚି 20 ି	Total ass	ets (Pa	ırt X, li	ne 16)	0					1	,744	,644	1,90	08,218
t Ass							-			[-	114	,898		86,027
Net A		Net asse	ts or fu	ınd ba	ances Sur	Aract III	 e 21 from li	ne 20			1	,629	,746	1,82	22,191
P	art II	Sign	ature	Block	<u>,</u>										
		Under pe and belie	naltice of f, it is tru	perjury,	I declare that ct, and eample	I have exa ete Decla	imined this returation of prepar	ım, ıncluding a er (other than	officer) is	ying schedu based on a	les and state	ment of w	s, and to which prep	the best of my kind parer has any kno	nowledge owledge
	ign		<u>- 129</u>	تسيئ	<u>ー てへ</u>	_`						0	1 30[10	
H	ere	Sign	ature of o	officer							Da	te	V		
		I —													
_		Туре	or print	name ar	nd title				_						
Pa	id	Preparer' signature		Ma	ng Go	who	ught		Date	# self-	ck if oloyed ► 🗹		parer's ide instructio	entifying number ons)	
_	eparer's				<u>//</u>				<u> </u>	//	- ,	<u></u>	P	200279212	
	e Only	Firm's na	ame (or yo nploved),	ours	MARY GO					· · · · · · · · · · · · · · · · · · ·	EIN	•			
		address,	and ZIP				VE, VANC				Phone	10 🏲	(360)3
<u>M</u> :	ay the	IRS discu	uss this	returr	with the p	reparer	shown abo	ve? (see in	struction	ns)	<u></u>	·		✓ Yes	No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SUPPORT THE OPERATIONAL ACTIVITIES OF THE UNION AND PROMOTE BETTER WORKING CONDITIONS FOR ELECTRICAL WORKERS.
	••••••
2	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?
	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?
4	Describe these changes on Schedule 3. 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 \$) TO PROMOTE BETTER WORK CONDITIONS FOR MEMBERS.

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 \$)
40	Total program conting expenses A

Par	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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	1	
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		1
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	_	1
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	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
0	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.			
θ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	A
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		1
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		1
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		1
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		1
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	4	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	14

Pal	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
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	1	
23	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 Schedule J	23	*	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
00	Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 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	İ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	
	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 f at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> 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?		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	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)?		1
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? <u>5a</u>		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	 	-✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	,	
	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?	1	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
а	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Ц	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . 79	4	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	4	1
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a b_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 12b	+	-

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. Section A. Governing Body and Management

280	tion A. Governing body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,
	any other officer, director, trustee, or key employee?	2		-√
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_		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4_		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		4
6	Does the organization have members or stockholders?	6	4	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	√	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	-√_	
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	9a		1
	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	1	
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	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	4	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	L
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		√
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.		•	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	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 reco	rds of	f the	
	organization: ► TRAVIS ERI, IBEW LOCAL 125, 17200 NE SACRAMENTO ST, PORTLAND, OR 97230, 503	3-262	-9125	;

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.

(A)	(B)	1		(0	C)		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	Rey employee	Highest compensated employee	 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
LARRY BROWING, PRESIDENT	1	1					2,522	0	0
BRIAN WILLIAMS, VICE PRESIDENT	1	1					2,418	0	0
DOUGLAS SHAFFER, TREASURER	1	1					3,771	0	0
RAYMOND COWELL, SECRETARY	1	1					1,516	0	0
JIM SWEET, BOARD MEMBER	1	1					2,221	0	0
KIM ANDERSON, BOARD MEMBER	1	1					2,462	0	0
PATRICK WINTER, BOARD MEMBER	1	1					2,460	0	0
JOE GASS, BOARD MEMBER	1	1					3,411	0	0
TRAVIS ERI, BUS. MANAGER	40		1				149,999	0	36,188
RANDY BRYSON	40		1				119,931	0	20,376
BYRON BABKA	40		1				119,549	0	32,064
MICHAEL RICK	40		1				118,731	0	20,618
RICK MAIN	40		1				113,146	0	28,839
					<u> </u>				

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key	(ey Employees, and Highe:					hest	Compensate	ontinued)			
	(A) Name and title	(B) Average	Positi	on (d		C) k all	that ap	ply)	(D) Reportable	(E) Reportable		(F) Estimate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	othe		e ion ed
	•												-
					L								
	Total	· · · ·	• •	<u></u>	<u></u>		<u></u>	>	642,137	0			,085
2	Total number of individuals (including but in reportable compensation from the organization)		to the	ose	liste	ed a	above) wr	no received mo	ore than \$100,0	00 ın		
	reportable compensation from the organiza											Yes	No
3	Did the organization list any former office							oyee	e, or highest o	ompensated	3	163	√
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s	sum of repo	ortabl	e c	omp	ens	sation				-		
_	the organization and related organizations individual.	·							·		4	1	
5	Did any person listed on line 1a receive services rendered to the organization? If " ction B. Independent Contractors	or accrue Yes," comp	comp lete	sen: Sch	edu edu	on 1 le J	rom for s	any uch	person	anization for	5_		4
1	Complete this table for your five highest co	nmnoneato	d ınd		nde	nt c	ontra	cto	re that receive	d more than \$1	00.00	n of	
_	compensation from the organization.	ompensate			- IIGC			1		u more man pr			
	(A) Name and business add	fress						_	(B) Description of s	ervices		C) ensation	1
								$oxed{-}$					
		•						_					
2	Total number of independent contractors (i more than \$100,000 in compensation from	ncluding bu	ut not	lim n ▶	ited	to	those	liste	ed above) who	received			

Part	VIII	Statement of Revenue			<u></u>		T
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
gra	i .	Membership dues 1b	3,553,736				
ts, ar	С	Fundraising events 1c					
igi ilar	d	Related organizations 1d					
ns,	е	Government grants (contributions).					
utio Ter	f	All other contributions, gifts, grants,					
울등		and similar amounts not included above 1f	4,463				
io io		Noncash contributions included in lines 1a-1f: \$		2 559 400			
	- 11	Total. Add lines 1a-1f	Business Code	3,558,199		 	
Program Service Revenue	0-						
Jek Sek	2a b						
8	C					<u> </u>	
eZ.	d						
E	e						
ogra	f	All other program service revenue .	900099	6,199			
<u> </u>	g	Total. Add lines 2a-2f	▶	6,199			
	3 4 5	Investment income (including dividends other similar amounts) Income from investment of tax-exempt bon Royalties	▶	1,491			
		(i) Real	(ii) Personal				
	62	Gross Rents	` '				
	!	Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	ь	Less: cost or other basis and sales expenses .					
		Gain or (loss)	▶				
Revenue	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line 1c).	46 224				
₽		See Part IV, line 18 a Less: direct expenses b					
Other	C	Less: direct expenses b Net income or (loss) from fundraising e		5,431			
		Gross income from gaming activities. See Part IV, line 19 a		5,401			
	ь	Less: direct expenses b					
		Net income or (loss) from gaming active					
	10a	Gross sales of inventory, less returns and allowances a	27,520				
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of invent		7,943			
		Miscellaneous Revenue NEW LOANS	Business Code	00.445			
	11a			22,147		,	
	Ь	••••					
	C	All other revenue	900099	30,965			
		Total. Add lines 11a–11d		53,112			
	12	Total revenue. See instructions.		3,632,375			

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	mn (A) but are not	required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,515			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	348,086			
4	Benefits paid to or for members	348,086			
5	Compensation of current officers, directors,				
	trustees, and key employees	780,222			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	704,846			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	98,311			
9	Other employee benefits	348,086			
10	Payroll taxes	112,902			
11	Fees for services (non-employees):				
	Management	22.704			
	Legal	66,701 27,612	·		
	Accounting	27,012			
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	8,868			
12	Other	0,000			
13	Advertising and promotion	98,250	· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15	Royalties				
16	Occupancy	119,343			
17	Travel	54,745			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	192,851			
20	Interest	880	· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	88,913			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	POLITICAL ACTIVITIES	499			
b	AFFILIATED LABOR COUNCILS	12,248			
C	AFL-CIO DUES	27,102			
d					
е				 	
	All other expenses	0.400.005			
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	3,100,980	·	ļ. ———	
۷0	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet			rage 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	174,493	1	396,119
	2	Savings and temporary cash investments	87,374	2	78,008
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	139
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 2,211,304			
	IVa	other basis. Complete Part VI of Schedule D			
	ь	1401	1,481,115	10c	1,432,529
	11	Investments—publicly traded securities			1,423
	12	Investments—publicly traded securities	1,0-12	12	1,725
	13			13	
	14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,744,644		1,908,218
_	17			17	1,300,218
		Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
w	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
豆	22	Payables to current and former officers, directors, trustees, key			
Ë.		employees, highest compensated employees, and disqualified		00	
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	101,430		05.776
	24	Unsecured notes and loans payable to unrelated third parties	101,430		85,776
	25 26	Other liabilities. Complete Part X of Schedule D	114,898	25	96.027
	20		114,090	26	86,027
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	1,612,978		1,800,967
ä	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	16,768	29	21,224
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,629,746	33	1,822,191
_	34	Total liabilities and net assets/fund balances	1,744,644		1,908,218

Pai	rt XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	4				
þ	b Were the organization's financial statements audited by an independent accountant?						
C	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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	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:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	_3a		√			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		i				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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.

	, , , ,	that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Proxy		(h)) ⁻ Complete Part II-B.	Do not complete Part II-A.
	Section 501(c)(4), (5), or (6) organic of organization	anizations. Complete Part III.	. .	Emplo	yer identification number
125	LOCAL IBEW UNION			93	0196216
Par	t I-A Complete if the	organization is exempt unde	er section 501(c	c) or is a section 52	27 organization.
1 2 3	•	ne organization's direct and indirect	•	•	/. 40,198 24
Par	t I-B Complete if the	e organization is exempt und	er section 501(c)(3),	
<u>b</u>	Enter the amount of any elf the organization incurred Was a correction made? If "Yes," describe in Part I to Complete if the	e organization is exempt und	managers under m 4720 for this year	section 4955 . ▶ \$ ear?	Yes No
1 2	activities	expended by the filing organization		⊳ \$	349
	527 exempt function activi	ities		▶ \$	39,849
3	line 17b	penditures. Add lines 1 and 2. Er		▶ \$	40,198
5	Enter the names, addresses were made. For each organic contributions received that v	file Form 1120-POL for this year? s and employer identification numbe zation listed, enter the amount paid fi were promptly and directly delivered mmittee (PAC). If additional space is	r (EIN) of all section rom the filing organ to a separate polit	n 527 political organiza iization's funds. Also en ical organization, such	ations to which payments ter the amount of political
	(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-

	_
Pane	2

00110	dule 0 (i 0iii 330 di 330 LZ) 2003					rage &
Pa	rt II-A Complete if the organiz under section 501(h)).	ation is exem	pt under section	on 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				ions apply.	
		obbying Expend	ditures	•	(a) Filing organization's totals	(b) Affiliated group totals
b c d e f	Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enter columns. If the amount on line 1e, column (a) or (b) Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	ance a legislative es 1a and 1b) (add lines 1c and the amount from 20% of the a \$100,000 plu \$175,000 plu \$1,000,000	e body (direct lobbed) d 1d) n the following tale g nontaxable amount on line 1e. s 15% of the exces s 10% of the exces s 5% of the excess	oying)		
9 h i j	Subtract line 1f from line 1c. If zero If there is an amount other than zero section 4911 tax for this year? 4 (Some organizations that	or less, enter -0 or less, enter -0 on either line 1h	or line 1, did the	organization file F Section 501(h) do not have to c	omplete all of the	☐ Yes ☐ No
	Lobby	ing Expenditure	es During 4-Year	Averaging Perio	od	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	(election under section 501(h)).	(a	1)		(b)	
		Yes	No	A	moun	t
legislati	the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:					
a Volunte	-					
b Paid sta	ff or management (include compensation in expenses reported on lines 1c through 1i)?					
	advertisements?					
d Mailings	s to members, legislators, or the public?					
e Publica	tions, or published or broadcast statements?					
f Grants	to other organizations for lobbying purposes?					_
g Direct o	contact with legislators, their staffs, government officials, or a legislative body?					_
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?					_
i Other a	ctivities? If "Yes," describe in Part IV					_
j Total. A	dd lines 1c through 1i					_
	activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	" enter the amount of any tax incurred under section 4912					_
	enter the amount of any tax incurred by organization managers under section 4912 .					_
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(C)(5), O	r sect	ion	
					Yes	I
	ubstantially all (90% or more) dues received nondeductible by members?			1	1	_
	organization make only in-house lobbying expenditures of \$2,000 or less?			2	L	
Did the	organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50			3		
Dues. a	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III- "Yes." ssessments and similar amounts from members		1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				_
expens	es for which the section 527(f) tax was paid).		2a			
a Current	,		2b			
	er from last year		2c			
			3			
	tte amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobby itical expenditure next year?	/iiig	4			
	amount of lobbying and political expenditures (see instructions)	•	5	_		_
art IV	Supplemental Information	•				
	s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, lir te this part for any additional information.	ne 5;	and	Рап ІІ-	B, line	•
	te this part for any additional information.					
iso, comple				•		
	••••••					
	CONTRIBUTES TO VARIOUS AFFILIATED LABOR COUNCILS AND THE AFL-CIO. TH	IESE	ORG	ANIZ/	ATION	S
	CONTRIBUTES TO VARIOUS AFFILIATED LABOR COUNCILS AND THE AFL-CIO. TH	IESE	ORG	ANIZ/	ATION	S
HE UNION	CONTRIBUTES TO VARIOUS AFFILIATED LABOR COUNCILS AND THE AFL-CIO. TH					
HE UNION	DUCATION TO UNION MEMBERS ON POLITICAL ISSUES AND SUPORT LOCAL AND					
HE UNION						
HE UNION	DUCATION TO UNION MEMBERS ON POLITICAL ISSUES AND SUPORT LOCAL AND					
HE UNION	DUCATION TO UNION MEMBERS ON POLITICAL ISSUES AND SUPORT LOCAL AND					
HE UNION	DUCATION TO UNION MEMBERS ON POLITICAL ISSUES AND SUPORT LOCAL AND					

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

Open to Public Inspection

Name of the organization Employer identification number 125 LOCAL IBEW 0196216 91 : -Part-I 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 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Protection of natural habitat Preservation of a certified historic structure ☐ 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 Tax Year 2a Total number of conservation easements . Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 easements it holds? 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 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: 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: Revenues included in Form 990, Part VIII, line 1

٠								
	tule D (Form 990) 2009 t III Organizations Maintainii	ng Collections	of Art His	storic	al Treasure	e or C	ther Similar As	Page 2
3	Using the organization's acquisition, collection items (check all that apply	accession, and			-			
a b c	Public exhibition Scholarly research Preservation for future generation Provide a description of the organization part XIV.		d e s and expl	ain ho				
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive d	onations of	art, h	istorical treasu	res, or	other similar	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an a	rrangements. (Complete it	f the	organization			
	Is the organization an agent, trustee included on Form 990, Part X? If "Yes," explain the arrangement in					tions or	other assets not	☐ Yes ☐ No
	roo, explain the artangement in	· arryiir ara oor	iipioto tiio	1011011	ing table.		Am	ount
c	Beginning balance					. <u>1c</u>	- 	
d	Additions during the year					. 1d		
e	Distributions during the year					<u>1e</u>		
f	Ending balance					_ <u> 1f</u>		
	Did the organization include an amo), Part X, III	ne 21	?			☐ Yes ☐ No
	If "Yes," explain the arrangement in tV Endowment Funds. Cor		ganization		vored "Vee"	to Eo	m 000 Port IV	line 10
. ai	Endownient i dilds. Col	(a) Current year	(b) Prior		(c) Two year		(d) Three years back	(e) Four years back
	Paraman of the balance		(6) (1) (1)	,	(6) 1 110 year	5 Guoix	(a) Three yours back	(o) i dai years back
1a	Beginning of year balance						· · · · · · · · · · · · · · · · · · ·	
D	Contributions	 	 					
	Net investment earnings, gains, and losses	~~						
d	Grants or scholarships							· · · · · · · · · · · · · · · · · · ·
е	Other expenditures for facilities and programs							
f	Administrative expenses		ļ					
9	End of year balance		<u> </u>		.1]		
2	Provide the estimated percentage of	the year end ba	alance held	as:				
а	Board designated or quasi-endowment	ent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶ %							
3a	Are there endowment funds not in the organization by:	e possession of the	he organiza	tion tl	nat are held a	nd adm	inistered for the	Yes No
	~							3a(i)
	(ii) related organizations			٠.				3a(ii)
	If "Yes" to 3a(II), are the related organ							3b
4	Describe in Part XIV the intended us							
Par	t VI Investments—Land, Bu	- T	i i			art X,	line 10.	
	Description of investment	(a) Cost or o			cost or other sis (other)		Accumulated epreciation	(d) Book value

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer identification number 125 LOCAL INTERNATIONAL BROTHERHOOD 0196216 93 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in (or retained by) organization or entity (fundraiser) from activity col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	ırt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza orm 990-EZ, line 6a. L	tion answered "Yes" t ist events with gross r	o Form 990, Part IV, li eceipts greater than \$	ne 18, or rep 5,000.	orted	ł
			(a) Event #1 CHARITY GOLF (event type)	(b) Event #2	(c) Other events	(d) Total e (add col. (a) col (c	through	1
Revenue	1 2	Gross receipts	40.00	(even type)	(total number)		16,	,231
	3	contributions	16,321				16,	,231
	4	Cash prizes	1,600				1,	,600
	5	Noncash prizes						
sesuec	6 7	Rent/facility costs Food and beverages	8,774				8,	,774
Direct Expenses	8	Entertainment						
ے	9	Other direct expenses	426					426
	10 11 ri il	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if t	ine line 3, column (d), a	nd line 10		(5,	300 ⁾ ,431
		than \$15,000 on Form		vered res to Form	990, Part IV, line 19,	, or reported	ı mor	е
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
Re	1	Gross revenue	*					
nses	2	Cash prizes						
Direct Expenses	3	Noncash prizes					 , , , , , , , , , , , , , , , , , ,	
Direc	4	Rent/facility costs	**************************************					
	6	Other direct expenses . Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		(_)
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7		<u> </u>	I I	
9 a		ter the state(s) in which the o					Yes	<u>No</u>
b		No," explain:						
		ere any of the organization's g	gaming licenses revoke	d, suspended or termin	ated during the tax year	ar? 10a		
D		Yes," explain:						
11 12	ls t	es the organization operate g the organization a grantor, be med to administer charitable	neficiary or trustee of a			* 1		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009	Open to Public	Inchestion

%□ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 0196216 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▲ (g) Description of non-cash assistance 8 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (e) Amount of non-cash assistance Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 125 LOCAL INTERNATIONAL BROTHERHOOD (P) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Part II

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants a

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH	17	10.515	1		
Part IV Supplemental Information. Complete this		ovide the information	on required in Part	bart to provide the information required in Part I, line 2, and any other additional information.	additional information.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) () () () () () () () (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1		
		t t t t t t t t t t t t t t t t t t t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Compensation Information

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

Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

125 LOCAL INTERNATIONAL BROTHERHOOD 93 : 0196216 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990. Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?.................. 5a 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?.......... **b** Anv related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)? .

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	tenefits	(a)+()(a)	reported in prior Form 990 or Form 990-EZ
TRAVIS ERI	8	149,999			18,514	17,674	186,187	174,053
	≘							
BYRON BABKA	8	119,549			14,451	17,613	151,613	145,117
	Ξ							
	9							
	: E						1	0 1 2 3 7 3 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8							
	ε							
	(ii)							
	8			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				11 11 11 11 11 11 11 11 11 11 11 11 11
	(ii)							
	€							
	(ii)							
	(8)							
	Ξ							
	(9)							
	€							
	€	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(E)							
	€							
	9							
	8	1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9							
	8							
	€							
	8							
	8							
	EE							
							Sche	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**09**

Employer identification number

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

125 LOCAL INTERNATIONAL BROTHERHOOD 93 0196126 PART VI, 6 - LOCAL 125 HAS UNION MEMBERS PART VI, 7A - UNION MEMBERS ELECT THE PEOPLE WHO SERVE ON THE GOVERNING BOARD. PART VI, 7B - MAJOR CHANGES IN UNION BYLAWS BY THE BOARD REQUIRE APPROVAL FROM UNION MEMBERS. PART VI, 11A - FORM 990 IS REVIEWED BY THE BOARD PRESIDENT AND THE UNION MANAGER AND PRESENTED TO THE BOARD MEMBERS FOR APPROVAL BEFORE IT IS FILED. PART VI, 15A & B - BOARD MEMBERS ARE COMPENSATED FOR BOARD MEETING TIME BASED ON PUBLISHED HOURLY RATES FOR JOURNEYMAN LINEMEN IN UTILITIES IN THE PORTLAND, OR AREA. THE BUSINESS MANAGER IS PAID 175% OF JOURNEYMAN LINEMEN RATES BASED ON 174 HUR MONTH. THE BUSINESS REPS ARE PAID 125% - 140% OF JOURNEYMAN LINEMEN RATES BASED ON 174 HOUR MONTH PART VI, 19 - THE UNION PROVIDES POLICY INFORMATION AND FINANCIAL AND GOVERNING DOCUMENTS TO THE PUBLIC UPON REQUEST. PART VI, 12C - OFFICERS AND BOARD MEMBERS ARE REQUIRED TO SUBMIT AN ANNUAL, SIGNED DISCLOSURE OF ANY CONFLICT OF INTEREST OR LACK THERE OF.