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Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	For the	2009 calendar year, or tax year beginning JUL 1, 2009 and	ل ending	UN 30, 2010	
В	Check if	Please C Name of organization		D Employer identific	cation number
•	applicable	use IRS INTERNATIONAL BROTHERHOOD OF ELECTR	ICAL		
	Addres	s label or MODERDO TOOM # 1353			
F	Name change	type		01-0	226195
┌	Initial	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number	
F	ireturn iTermin	- Specific 176 MATAI CODDERM	110011/3uite	1 - '	453-1301
H	lated Amend	ad Assa		T	
늗	return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	294,552.
ᆫ	tion	FAIRFIELD, ME 04937		H(a) is this a group re	
		F Name and address of principal officer: JEFFREY ROSE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded?YesNo
1	Tax-exe	mpt status: X 501(c) (0 5) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)
<u>J</u>	Websit	e: ► WWW.IBEW1253.ORG		H(c) Group exemption	n number ▶ 0064
<u>K </u>	Form of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 1946 N	State of legal domicile: ME
P	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities: TO C.	ARRY C	OUT THE BETT	ERMENT OF
Activities & Governance		CONDITIONS FOR WORKERS, THE IMPROVEMENT			
Ë	1	Check this box If the organization discontinued its operations or dispose			
Š	1 -	Number of voting members of the governing body (Part VI, line 1a)	303 01 111010	3	7
တိ					7
త	1	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	
ë		Fotal number of employees (Part V, line 2a)		5	3
≅	6	Total number of volunteers (estimate if necessary)		<u>6</u>	0
ទ្ធ	7a '	Fotal gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			
Ž	9	Program service revenue (Part VIII, line 2g)		366,237.	291,371.
Revenue	10	nvestment income (Part VIII, colling (A) intekt (4) and 7d)		4,222.	1,681.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	" -	920.	1,500.
			·		
		Total revenue - add lines 8 through 11 (must equal Part 41), column (A), line 12)		371,379.	294,552.
		Grants and similar amounts paid Parlix column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line (4)			
es	15	Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10)		230,736.	<u>219,877.</u>
Expenses	16a	Professional fundraising fees (Part IX-column (A), line 11e)			
9	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u></u>		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		163,826.	145,678.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	"	394,562.	365,555.
		Revenue less expenses. Subtract line 18 from line 12		-23,183.	-71,003.
58	3	Teveride 1635 experises, oubtract into 10 ffortilito 12			
Net Assets or		Tabel and the Mark V. Inc. 40%	В	eginning of Current Year 275,314.	End of Year 197,366.
SSS	20	Total assets (Part X, line 16)	⊢		
et	21	Total liabilities (Part X, line 26)	·	12,316.	7,715.
		Net assets or fund balances Subtract line 21 from line 20		262,998.	<u> 189,651.</u>
Р	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules are and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	nd statements, anv knowledge	and to the best of my knowledg	ge and belief, it is true, correct,
				1.0	10
Sig	ın	CAMPA(KM		112/14	12010
He	re	Signature of officer		Date /	
		JEFFREY ROSE, BUSINESS MANAGER			
		Type or print name and title			
_	_	Preparer's Date	. Ch	eck if Prepare	ar's identifying number
Pai	d	signature Sam (12/8	sel رايم	lf (see ins	structions)
Pre	parer's		- 1/0 en	nployed 🕨 📗	
Use	Only	yours if KONION KERSIEEN OUEDDEILE		EIN ►	
	•	self-employed), address, and			AR 880 5555
_		ZIP+4 SOUTH PORTLAND, ME 04106		Phone no. ► 2	<u>07-773-2986</u> (
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	•	<u></u>	X Yes No
932	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	eparate ins	tructions.	Form 990 (2009)

		TMTEKNAI	TAMOL	PKOLUEKUOOD	Or	ELECTRICAL		
orm 990 (2009)	WORKERS	LOCAL	# 1253			01-0226195	Page 2
Part III	Statement of P	rogram Ser	vice Acco	mplishments				

rai	tin Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE OBJECTIVES OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
	ARE TO ORGANIZE ALL WORKERS IN THE ENTIRE ELECTRICAL INDUSTRY IN THE
	UNITED STATES AND CANADA, INCLUDING ALL THOSE IN PUBLIC UTILITIES AND
	ELECTRICAL MANUFACTURING, INTO LOCAL UNIONS; TO PROMOTE REASONABLE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior 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?
•	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 \$)
	ADVOCATE, ARBITRATE & NEGOTIATE FOR MEMBERS. ADMINISTRATION OF THE
	MARKET RECOVERY PROGRAM FOR PROMOTING THE ORGANIZED ELECTRICAL
	CONSTRUCTION INDUSTRY WITHIN THE LOCAL JURISDICTION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code.) (Expenses 9 including grants of 9) (Nevertide 9)
	Only Manual Annual Annu
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	• • • • • • • • • • • • • • • • • • •
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$

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Form 990 (2009) WORKERS LOCAL # 1253
Part IV Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1		Х			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and						
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x			
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	Ė					
Ŭ	Schedule D, Part III	8	ŀ	x			
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	T					
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ŀ	x			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
10	If "Yes," complete Schedule D, Part V	10		x			
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	x	<u> </u>			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- ''					
•	Part VI	İ					
	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.	l	,				
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	İ					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	Ι.	^	l			
	 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.	i					
	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 separate or consolidated inflational statements for the tax year include a roomete 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						
12	Schedule D. Parts XI, XII, and XIII.	12		x			
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		1			
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		1			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X			
14a	Did the organization maintain an office employees or agents outside of the United States?	14a	 	X			
	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		x			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140					
10	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	15	1	x			
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	···		1			
10	la catalad a standa tha Libated States 2 If #Von # normalate Sahadisla F. Dout III	16		x			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		1			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X			
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		├ ^			
18		40		х			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		├^-			
19		40		v			
~	complete Schedule G, Part III	19	 	X			
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	<u> </u>			

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Form 990 (2009) WORKERS LOCAL # 1253

Part IV 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		X
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		X
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		_X_
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Α
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	N/	A_
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_		X
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		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			•
	instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	ł		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
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	X	
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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	X
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	_X	
		Form	990 ((2009)

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009) WORKERS LOCAL # 1253
Statements Regarding Other IRS Filings and Tax Compliance Part V

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1			
	U.S. Information Returns. Enter -0- if not applicable	1a		1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamını	9			
	(gambling) winnings to prize winners?				1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a_		3			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?			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	ınstru	ctions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by tl	his return?	? .	_3a		_X
b	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 a	author	rty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?		4a		<u>X</u>
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 B	Bank a	ınd				
	Financial Accounts.						3.00
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?			5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding l	Prohibited				
	Tax Shelter Transaction?			. •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon s	olicit			
	any contributions that were not tax deductible?				6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts				
_	were not tax deductible?				6b		 ;
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 organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization received and the partly of the payment in excess of \$75 made partly as a contribution and partly for organization received and the payment in excess of \$75 made partly as a contribution and partly for organization received and the payment in excess of \$75 made	goods	and servi	ces	_		7.7
.	provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		urod		7b		
·	to file Form 8282?	as req	uirea		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			70		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		al				
•	benefit contract?				7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	•••	• •	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			•	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		quired?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	ganiza	itions. Did	l the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce	ess bu	siness hol	ldings			
	at any time during the year?			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.						_
а	Did the organization make any taxable distributions under section 4966?			N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			N/A	9b		
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	, ,					
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40	amounts due or received from them)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	,		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>		<u> </u>

WORKERS LOCAL # 1253

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 1	1		
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		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	l		
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
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?	<u>7a</u>	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X
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	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1		
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ł		
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	ļ	<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	<u>X</u>
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		<u>X</u>
b	Other officers or key employees of the organization	15b		<u> </u>
	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			1,5
	taxable entity during the year?	16a		<u>X</u>
þ	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		ŀ	
S00	exempt status with respect to such arrangements?	16b	L	
	List the states with which a copy of this Form 900 is required to be filed MF			
17	List the states with which a copy of this Form 990 is required to be filed ME Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable). 990, and 990 T (501(a)/3)s only available.	for		
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 public inspection. Indicate how you make these available. Check all that apply.	IOF		
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ıncıal	
~	statements available to the public.	A!		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon: 🕨	_	
	<u>JEFFREY ROSE - 207-453-1301</u> 176 MAIN STREET, FAIRFIELD, ME 04937			
	IIV PARIN DINDEL, PAINFIELD, PE V4731			

Form 990 (2009) WORKERS LOCAL # 1253

01-0226195

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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.

Name and Title	Average hours per week	ndividual trustee or director	heck			app	ly)	Reportable compensation	Reportable compensation	Estimated	
	per	١		T T		T	iy)				
	•	I trustee or directo	ustee					from	from related	amount of other	
		Individua	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
THOMAS STAPLES											
PRESIDENT	2.00	X		X	ļ			1,190.	0.	0.	
CHARLES YOUNG											
VICE PRESIDENT	1.00	X		X	<u> </u>	<u> </u>		0.	0.	0.	
TIMOTHY BICKFORD											
SECRETARY	2.00	X		X	<u> </u>	ļ.,		0.	0.	0.	
RICHARD BROAD								_			
EXECUTIVE BOARD	1.00	X	L	_	<u> </u>			0.	0.	0.	
WILLIAM SULLIVAN								_	_	_	
EXECUTIVE BOARD	1.00	X		_	ļ	ļ		0.	0.	0.	
GALEN JONES	1								_		
EXECUTIVE BOARD	1.00	X			<u> </u>			0.	0.	0.	
EDWARD PETERAF	1 00								•	•	
EXECUTIVE BOARD	1.00	X	├—		├—	 		0.	0.	0.	
HARRY LYONS TREASURER - PART YEAR	1.00			x				0.	0.	0.	
JEFFREY ROSE											
EXECUTIVE BOARD	2.00			X				65,866.	0.	24,107.	
ROBERT GRAY											
TREASURER - PART YEAR	1.00			X				0.	0.	0.	
				_	<u> </u> 						
		 			\vdash						

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Fai	Section A. Officers, Directors, Tr		ees, Key Employees, and Highest Co					est							
	(A)	(B)	(C)				(D)	(E)	· I						
	Name and title	Average	Position (check all that apply)						Reportable	Reportable	-		timate		
		hours	(cl	heck	all	that	арр	ly)	compensation	compensatio			nount		
	•	per	흉				1	ŀ	from	from related			other		
		week	ig i		Ì		2		the organization	organization			pensa		
			ite o	ustee			200		(W-2/1099-MISC)	(W-2/1099-MIS) (U		om th		
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(***2/1033***********************************			_	anızat d relat		
			μğ	atete	Officer	ᄩ	E S	Former		:			anizatı		
			Ξ	Ē	€	₹	울통	호							
		1													
			L		L	<u> </u>	ļ	ļ							
			1												
			<u> </u>	-	<u> </u>	-	┢	-							
		 	├		-	-	\vdash	\vdash							
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			_	_	<u> </u>	_		_							
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								}							
			 		\vdash	\vdash	╁	\vdash							
					l										
1b	Total .				'	٠	┢	<u> </u>	67,056.		0.	2	4,1	07.	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 in reportabl	е		-		
	compensation from the organization													0	
											ı		Yes	No	
3	Did the organization list any former officer				y em	olqı	yee,	or h	nighest compensated er	nployee on				l	
	line 1a? If "Yes," complete Schedule J for s											3		X	
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									tne organization				x	
5	Did any person listed on line 1a receive or											4		^	
•	the organization? If "Yes," complete Sched					arry	, um	ciat	co organization for serv	ices rendered to		5	,	x	
Sec	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	•••	·			1	
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom		
	the organization. NONE														
	(A)							ŀ	(B)		_	(C			
	Name and business	address							Description of s	ervices		ompe	nsatio	n	
								-							
	744.75							\dashv				· · · · · ·			
								\dashv							
		<u></u>													
								_							
	Total number of independent contractors (including but =	ot 1:	mde	d +-	•h-	on le		I abovo) ubo rossivod	are then					
2	\$100,000 in compensation from the organi		ot III	HILE	u (O		se II: 0	sied	i abovej wno received m	iore trian					
	+ . sojoss in somponsación nom me organi	EUROIT_	-				-		<u> </u>			<u></u>	000	(2000)	

01-0226195 WORKERS LOCAL # 1253 Page 9 Form 990 (2009) Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f **Business Code** 291,371. 291,371. 900099 2 a MEMBERSHIP DUES Program Service f All other program service revenue g Total. Add lines 2a-2f 291.371 Investment income (including dividends, interest, and 1,681. 1,681 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,474. and allowances **b** Less. cost of goods sold 1,474 1,474. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 26 26 11 a MISCELLANEOUS 900099 d All other revenue e Total. Add lines 11a-11d 26. 291 294,552. 397. 0. 3,155 Total revenue See instructions.

Form **990** (2009)

WORKERS LOCAL # 1253

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Part IX | Statement of Functional Expenses

Form 990 (2009)

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

	not include amounts reported on lines 6b, 3b, 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				
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,			[
	trustees, and key employees	83,363.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			[
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	102,640.			
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	11,201.			
	Other employee benefits	10,402.			
	Payroll taxes	12,271.			
	Fees for services (non-employees):				
3	Management				
b	Legal				
>	Accounting	8,129.			
d	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	84.			
•	Advertising and promotion	2,553.			
	Office expenses	15,435.			
	Information technology				
	Royalties				
	Occupancy	9,900.			
	Travel	6,799.	· · · · · · · · · · · · · · · · · · ·		
	Payments of travel or entertainment expenses	57.55			,
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,159.			
	Interest				
	Payments to affiliates				<u></u> .
	Depreciation, depletion, and amortization	4,997.			
	Insurance	4,593.			
	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.)	2,333.			
а	PER CAPITA TAX	73,754.			
	VEHICLE EXPENSE	11,972.		<u> </u>	-
,	OTHER	3,813.			
3	REPAIRS AND MAINTENANCE	2,963.		1	
	BANK CHARGES	2,647.			
•					
	All other expenses	-3,120.		+	- ·
_	Total functional expenses. Add lines 1 through 24f	365,555.			
	Joint costs. Check here J if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	37,075.	1	11,957.
	2	Savings and temporary cash investments	188,582.		143,093.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	İ		
		Part II of Schedule L		6	
y,	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
As	9	Propaid expenses and deferred charges		9	
	10a				· · · · · · · · · · · · · · · · · · ·
		basis. Complete Part VI of Schedule D 10a 82,54	.1.		
	Ь	Less: accumulated depreciation 10b 69,13		10c	13,404.
	11	Investments - publicly traded securities	20,1020	11	207_10.11
	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	31,256.		28,912.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	275,314.		197,366.
	17	Accounts payable and accrued expenses	5,871.	17	4,896.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part I	1		
=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,445.	23	2,819.
	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	12,316.	26	7,715.
		Organizations that follow SFAS 117, check here X and complet	e ,		
es	1	lines 27 through 29, and lines 33 and 34.			,
Š	27	Unrestricted net assets	262,998.	27	189,651.
3ala	28	Temporanly restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
6	ļ	complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	262,998.	33	189,651.
	34	Total liabilities and net assets/fund balances	275,314.	34	<u> 197,366.</u>

Form **990** (2009)

Form 990 (2009) WORKERS LOCAL # 1253 01-0226195 Page 12
Part XI Financial Statements and Reporting

Pa	rt At Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X 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	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	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			l
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			١.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			l
	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		<u> </u>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

• 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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.			
Name of organization INTERN	ATIONAL BROTHERHO	OOD OF ELECT	TRICAL	Employer identification number
WORKER	S LOCAL # 1253			01-0226195
Part I-A Complete if the or	rganization is exempt und	der section 501(c) or is a section 5	527 organization.
 Provide a description of the organ Political expenditures Volunteer hours 	nization's direct and indirect politing	cal campaign activities	s in Part IV.	▶ \$
Part I-B Complete if the or	rganization is exempt und	der section 501(c)(3)	
1 Enter the amount of any excise ta	x incurred by the organization un	der section 4955		> \$
2 Enter the amount of any excise ta	ix incurred by organization manag	ers under section 495	5	. > \$
3 If the organization incurred a sect	ion 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	rganization is exempt und	der section 501(c), except section	501(c)(3).
 Enter the amount directly expende 	ed by the filing organization for se	ection 527 exempt fund	ction activities	▶ \$
2 Enter the amount of the filing orga	anization's funds contributed to o	ther organizations for s	section 527	
exempt function activities				▶ \$
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
				> \$
4 Did the filing organization file Form		,		Yes L No
5 Enter the names, addresses and				
For each organization listed, enter				
that were promptly and directly de			eparate segregated fu	nd or a political action committee
(PAC). If additional space is need		· · · · · · · · · · · · · · · · · · ·		
(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	on's contributions received and
· · · · · · · · · · · · · · · · · · ·				

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Schedule C (Form 990 or 990-EZ) 2009	WORKERS LO	CAL # 1253	- 504(-)(0) - 1(5)	01-0)226195 Page 2
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and file	ed Form 5/68	
(election under sec					
. —	tion belongs to an affi				
Limit	s on Lobbying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lii	_				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount Ente	r the amount from the	following table in bot	h columns	 	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	,		
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this	o or less, enter -0- or less, enter -0- o on either line 1h or year?				Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	ditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		- Constant to the constant of			
b Lobbying celling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		*****			
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Schedule C (Form 990 or 990-EZ) 2009 WORKERS LOCAL # 1253 01-0226195 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d_If the filing 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 501(c)(5), or section 501(c)(6). No Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

	expenses for which the section 527(f) tax was paid).		
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 and political		
	expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	. 5	
Pai	t IV Supplemental Information		
for a	ny 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.

2009
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 1253

Employer identification number 01-0226195

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advi	sed funds
-	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture 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, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶	•	-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(ī)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	•	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, no	ot to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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 bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		• \$

		LOCAL # 1								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Oth	er Simila	r Asset	ls (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following tha	t are a	significant u	ise of its o	collection	ıtems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	empt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							_	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if ord	anization a	nswered "Ye	s" to Fo	rm 990 Par	t IV line (
	reported an amount on Form 990, Par	rt X. line 21.	0.0 0.5	juinzulion u	10000100		555, r a.		J, UI	
12	Is the organization an agent, trustee, custodi		diant for	contribution	e or other ac	coto no	tupoludod			
ra	on Form 990, Part X?						i iiiciaaea		Yes	□ No
_	• •			table:	-	•••	••••••	ــــا	J res	NO
D	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance					• • •	1c			
d							1d			
е				•			. <u>1e</u>			<u> </u>
f			-				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					. L	Yes	L∐ No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete it	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10.			
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance				,	*				
b	Contributions									
С	Net investment earnings, gains, and losses							٠,	;	
d	Grants or scholarships				T					
е	Other expenditures for facilities									
_	and programs						, '			
f	Administratura avanana									
9	End of year balance						 			
2	Provide the estimated percentage of the year	r end halance held s			<u></u>		1			
a	Board designated or quasi-endowment									
	Permanent endowment	%	^							
b	· · · · · · · · · · · · · · · · · · ·									
-	Are there endowment funds not in the posse	•					4l:-	-4!		
Sa		ssion of the organiz	auon in	at are neid a	ino aoministe	ied ioi	trie organiza	ation	ſ,	/ N-
	by:									Yes No
	(i) unrelated organizations					•			3a(i)	-
				•				•••	3a(ii)	-
b	If "Yes" to 3a(ii), are the related organizations			•			•		_3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o			or other		Accumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	de	epreciation			
1a	Land			<u> </u>						
b	Buildings									
c	Leasehold improvements									
d	Equipment			8	2,541.		69,13	37.	13	,404.
е	Other					-				

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

Schedule D (Form 990) 2009 WORKERS LOCAL # 1253 01-0226195 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-hèld equity interests . . Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value INVESTMENT IN SUBSIDIARY 28,912 28,912 Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes

__..▶ 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 1253 Schedule D (Form 990) 2009 01-0226195 Page 4 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 294,552. Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 365,555. 2 -71,003. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Pnor period adjustments 7 Other (Describe in Part XIV) 8 -2.344.8 Total adjustments (net). Add lines 4 through 8 -2,344. 9 9 -73,347. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 296,075. Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments -2,3442a Donated services and use of facilities 2b c Recoveries of prior year grants 2c 3,867. Other (Describe in Part XIV.) 2d Add lines 2a through 2d 1,523. е Subtract line 2e from line 1 294,552. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) 4b Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 294 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 369,422. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a b Prior year adjustments 2b Other losses 2c 3,867. Other (Describe in Part XIV.) 2d Add lines 2a through 2d 3,867. 2e 3 Subtract line 2e from line 1 3 <u>365,555.</u> Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b ... 4a Other (Describe in Part XIV.) 4b Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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. PART_XI, LINE 8 - OTHER ADJUSTMENTS: LOSS ON INVESTMENT IN SUBSIDIARY: -2344.

PART XII, LINE 2D - OTHER ADJUSTMENTS: REIMBURSED EXPENSES: 3867.

		INTERNA!	TIONAL	В	ROTHERHOOD	OF	ELECTRICAL		
Schedule D (Form 99 Part XIV Suppl	0) 2009	WORKERS	LOCAL	#	1253		· · · · · · · · · · · · · · · · · · ·	01-0226195	Page 5
Part XIV Suppl	emental inform	nation (contin	nued)						
DETADIDO	BYDDMADA	2067							
REIMBURSED	EXPENSES:	3867.	<u>. </u>						
	· · · · · · · · · · · · · · · · · · ·								
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								Schedule D (Form 9	79U) 2009

932055 02-01-10

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 1253

Employer identification number 01-0226195

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCTS AND THE DEVELOPMENT OF A HIGH DEGREE OF EFFICIENCY IN THEIR
RESPECTIVE OCCUPATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
METHODS OF WORK; TO CULTIVATE FEELINGS OF FRIENDSHIP AMONG THOSE OF OUR
INDUSTRY; TO SETTLE ALL DISPUTES BETWEEN EMPLOYERS AND EMPLOYEES BY
ARBITRATION (IF POSSIBLE); TO ASSIST EACH OTHER IN SICKNESS OR
DISTRESS; TO SECURE EMPLOYMENT; TO REDUCE THE HOURS OF DAILY LABOR; TO
SECURE ADEQUATE PAY FOR OUR WORK; TO SEEK A HIGHER AND HIGHER STANDARD
OF LIVING; TO SEEK SECURITY FOR THE INDIVIDUAL; AND BY LEGAL AND PROPER
MEANS TO ELEVATE THE MORAL, INTELLECTUAL AND SOCIAL CONDITIONS OF OUR
MEMBERS, THIER FAMILIES AND DEPENDENTS, IN THE INTEREST OF A HIGHER
STANDARD OF CITIZENSHIP.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: EVERY THREE YEARS PER LOCAL UNION
BYLAWS, NOMINATIONS FOR ELECTED OFFICES ARE HELD, FOLLOWED BY A SECRET
BALLOT ELECTION. ALL ELIGIBLE MEMBERS IN GOOD STANDING HAVE A RIGHT TO
VOTE.
FORM 990, PART VI, SECTION A, LINE 7B: MEMBERSHIP MEETINGS ARE HELD
MONTHLY, GIVING THE BODY OPPORTUNITY TO VOTE ON MANY DECISIONS.

932211 02-03-10

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open'to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 1253

Employer identification number 01-0226195

AND ASKS ANY QUESTIONS THEY HAVE OF MANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19: ALL ORGANIZING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2(C) - OVERSIGHT COMMITTEE:
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE REVIEW
AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS DID NOT
CHANGE DURING THE YEAR.
· · · · · · · · · · · · · · · · · · ·

SCHEDULER

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number

01-0226195

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. ▶ Attach to Form 990.

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

WORKERS LOCAL

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) N/A N/A End-of-year assets status (if section Public charity 501(c)(3)) Exempt Code Total income section 501 (C)(2) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MAINE TAINE Primary activity Primary activity POLITICAL COMMITTEE RENTAL SPACE IBEW LU #1253 POLITICAL ACTION COMMITTEE INC. 01-6029905, 176 MAIN ST., FAIRFIELD, ME 176 MAIN ST, FAIRFIELD, ME LOCAL UNION #1253, IBEW PROPERTIES. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 01-0226195 Part II 04937 04937

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

WORKERS LOCAL Schedule R (Form 990) 2009

Part III

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

90) 2008	Schedule R (Form 990) 2009	Sche									932162 07-21-10
					-						
									_		
						_					
		<u> </u>				·			_		
		+	_			-	_				
		_							•		
		-									
ownership	Share of the end-of-year over assets	-	o, Income	(C corp, S corp, or trust)	entity		Legal domicile (state or foreign country)	riillaly activity	Ē	2 -	of related organization
(h)				(e)			(o)	(q)			(e)
related	ad one or more	because it h	art IV, line 34 I	o Form 990, Pa	/ered "Yes" to	ization answ	the organ	rust (Complete if	poration or x year)	janizations Taxable as a Corporation or trust during the ta	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)
	1										
-											
						•					
managing partner?	amount in box 20 of Schedule K-1 (Form 1065)	Disproportion- ate allocations?				reduction income (related, excluded from tax under sections 512-514)			Legal domicile (state or foreign country)	Frimary activity	name, address, and Ein of related organization
()	(i)	€ ;	(g)	(1)		(e)		(b)	(O)		(a)

01-0226195 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		
b Giff, grant, or capital contribution to other organization(s)		ф Ж
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan quarantees to or for other organization(s)	:	1d ×
		1e X
Sale of assets to other organization(s)		×
	•	
h Exchange of assets	: : : : : : : : : : : : : : : : : : : :	박
i Lease of facilities, equipment, or other assets to other organization(s)	:	i-
		+
J Lease of facilities, equipment, or other assets from other organization(s)	:	4
k Performance of services or membership or fundraising solicitations for other organization(s)	: : : : :	*
I Performance of services or membership or fundraising solicitations by other organization(s)	:	×
m Sharing of facilities, equipment, mailing lists, or other assets	: :	¥ ×
n Shanng of paid employees		t X
Reimbursement paid to other organization for expenses		ot X
p Reimbursement paid by other organization for expenses	:	1p X
q Other transfer of cash or property to other organization(s)		19 Х
		Tr X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds	
		9
Name of other organization(s)		Amount involved
	type (a-r)	
המדוחממת ממת 2001 אמרונתי	1-	0
(1) DOCAL UNION #1233, IBEW FROFERIIES, INC.	D	4
	 	
(4)		:
(5)		
932163 02-04-10	Schedul	Schedule R (Form 990) 2009

Page 4

01-0226195

WORKERS LOCAL Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

			[;				
(a)	(g)		<u></u>			(6)	Ē
Name, address, and EIN	Primary activity		Are all partners	တ		Code V-UBI	General or
of entrty		ugu	organizations?	year assets	allocations?	of Schedule K-1	partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
							
							
							_

Schedule R (Form 990) 2009

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		> X
● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 o	f this form)	•
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previou	sly filed Fo	rm 8868.
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and	l complete	
Part I only		▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque to file income tax returns.	est an exter	nsion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic ext noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elec (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww irs.gov/efile and click on e-file for Chanties & Nonprofits.	tronically r or consolid	f (1) you want the additional ated Form 990-T. Instead.
Type or Name of Exempt Organization print INTERNATIONAL BROTHERHOOD OF ELECTRICAL	Emp	loyer identification number
WORKERS LOCAL # 1253	0	1-0226195
File by the due date for hlumber, street, and room or suite no. If a P.O. box, see instructions. 176 MAIN STREET		
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFIELD, ME 04937		
Check type of return to be filed (file a separate application for each return):		
Form 990-BL	rm 4720 rm 5227 rm 6069 rm 8870	
JEFFREY ROSE • The books are in the care of ▶ 176 MAIN STREET - FAIRFIELD, ME 04937. Telephone No. ▶ 207-453-1301 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box • If it is for part of the group, check this box ▶ and attach a list with the names and EINs.	If this is fo	or the whole group, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time FEBRUARY 15, 2011 , to file the exempt organization return for the organization name is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010	e until ned above.	
2 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$
tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	_ 30	*
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A
		EO for payment instructions.