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Department of the Treasury

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 I</u>	ror the	2009 Calendar year, or tax year beginning JOL 1, 2009 and ending	JUN 30, 201	. <u>U</u>				
В	Check if applicable	Please C Name of organization	D Employer ident	lification number				
		use in I Abbociation of Bridge Birocioral						
Ļ	Addres	print or ORNAMENTAL REINFORCING IRONWORKERS 848						
Ļ	Name change	Doing Business As		-0880548				
Initial See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number								
<u> </u>	Termin ated	Instruct / 320 PEPPERDAM AVENUE	843	3-552-1554				
Ļ	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	676090.				
	Application pending	CHARLESTON, SC 29418	H(a) Is this a group					
	F	F Name and address of principal officer: Thomas Grait	for affiliates?	Yes X No				
		same as C above	H(b) Are all affiliates					
		empt status: X 501(c) (5) ◀ (Insert no.)	· · · · · · · · · · · · · · · · · · ·	a list. (see instructions)				
		e: ▶ na	H(c) Group exemp					
			ear of formation 2007	M State of legal domicile SC				
P	art f	Summary		<u> </u>				
9		Briefly describe the organization's mission or most significant activities: The exem						
Activities & Governance	1 .	is to act as collective bargaining agent on						
er.	1	Check this box If the organization discontinued its operations or disposed of n						
ģ		Number of voting members of the governing body (Part VI, line 1a)		3 10				
প্		Number of independent voting members of the governing body (Part VI, line 1b)	<u>-</u>	4 0				
ijes		Total number of employees (Part V, line 2a)	<u> </u>	5 4				
ξi		Total number of volunteers (estimate if necessary)		6 0				
Ac		Total 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		7ь О.				
		0	Prior Year 729689	Current Year				
ne		Contributions and grants (Part VIII, line 1h)	729009	654507.				
Revenue	l l	Program service revenue (Part VIII, line 2g)	0116	6720				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8146 15720					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	753555					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753555	6/6090.				
		Grants and cimilar amounts paid (Part IX, column (A), lines 1-3)	6000.					
		Benefits pard to crier nembers (Part IX, column (A), line 4)	6000 184442					
Expenses	15	Salarces, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104442	• 100104.				
ē	10a	Professional fundraising fees (Part IX) column (A), line 11e)						
Ä	1 D	Total Hindraising expenses (Part IX Solumn (D), line 25)	403236	398370.				
		Other expenses (Part IXcolumn APPInes 11a-11d, 11f-24f)	593678					
	18	Total exceptes Add lines 18-17 (must equal Part IX, column (A), line 25)	159877					
_ 0	19	Revenue less expenses. Subtract line 18 from line 12						
ance ance	20	Total access (Dark V line 40)	Beginning of Current Yea 774653					
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	113087					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	661566					
	art II	Signature Block	001300	107102.				
سيسا		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my know	riedge and belief, it is true, correct.				
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	odge					
Sig	ın	houses Just	1 9-	1-10				
He	1	Signature of officer	Date	, - , 0				
110		Thomas Graff, Business Manager						
		Type or print name and title						
_		Preparer's Date		parer's identifying number				
Paı		signature 08/29/10	self- employed > (see	e instructions)				
	parer's							
USE	Only	Firm's name (or yours if self-employed). 13790 N.W. 4 STREET #100	EIN ►	*-				
		address, and ZIP+4 SUNRISE, FLORIDA 33325	Phone no	954-846-9490				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	1 : Herre Her 1	X Yes No				
	001 02-0		instructions.	Form 990 (2009)				

<u>4e</u>	ıotai program se	ervice expenses >\$						Form QC	30 (2009)	
	(Expenses \$		dule O.) ding grants of \$) (Revenue	<u>\$</u>	.)			
4d	Other program se	rvices. (Describe in Sche	dule O.)						-	
						-				
									_	
				*					-	
4c	(Code [.]) (Expenses \$		including grants	of \$) (Revenue \$)	
								·		
								-		
			· · · · · · · · · · · · · · · · · · ·							
								A**-		
4b	(Code) (Expenses \$		including grants	of \$) (Revenue \$,	
									,	
4a	(Code: Expenses)(Expenses \$ incurred by 1	Local to	including grants obtain job		its m) (Revenue \$.embers)	
			ia ieveliue, ii dii							
		and 501(c)(4) organizationers, the total expenses, ar					nount of grants and			
4		these changes on Sched npt purpose achievement		organization's three	largest prog	gram servic	es by expenses.			
3	Did the organization	on cease conducting, or r	make significant	changes in how it co	onducts, any	program s	ervices?	Yes	X No	
	the prior Form 990 If "Yes." describe	or 990-EZ? these new services on So	chedule O					Yes	X No	
2	Did the organization	on undertake any significa	ant program sen	rices during the year	which were	not listed o	on		-	
	THE POCAT	acts as col.	Teccine i	Dar yarning	agent	TOT T	cs members			
1	Briefly describe the organization's mission: 'The Local acts as collective bargaining agent for its members									

932002 02-04-10

Form	990 (2009) ORNAMENTAL REINFORCING IRONWORKERS 848 01-0880	548	Р	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	'ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_ X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ		
	Schedule D, Part III	8		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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		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	Х	
•	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.]		ĺ
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	Х	
12Δ		12	Λ	
127	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X 12A X 12A X 12A 12	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		

and program service activities outside the United States? If "Yes," complete Schedule F, Part I

or entity located outside the United States? If "Yes," complete Schedule F, Part II

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

located outside the United States? If "Yes," complete Schedule F, Part III

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Х Form 990 (2009)

X

Х

X

Х

Х

X

14b

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18

complete Schedule G, Part III

Form	990 (2009) ORNAMENTAL REINFORCING IRONWORKERS 848 01-0880	548	P	age 4
	rt IV Checklist of Required Schedules (continued)			
		T	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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	1	Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	T	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u></u>	
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		Х
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	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			ĺ
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	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	<u> </u>	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	<u> </u>
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		

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37

X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Form 990 (2009)

01-0880548 Part 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 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1¢ 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 4 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7¢ d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

01-0880548

Page **6**

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	Gion A. Governing Body and Management				_	
		1.0		Yes	No	
_	Enter the number of voting members of the governing body 1a	10	4			
ь	Enter the number of voting members that are independent 1b	0	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			37	
	officer, director, trustee, or key employee?		2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the directions of the control over management duties customarily performed by or under the directions of the control over management duties customarily performed by or under the directions of the control over management duties customarily performed by or under the directions of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the direction of the control over management duties customarily performed by or under the customarily performed by the customa	t supervision			v	
	of officers, directors or trustees, or key employees to a management company or other person?	0 . (1 . 10	3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 99	J was filed?	4		X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5	Х		
6	Does the organization have members or stockholders?	646 .	6	^		
ı a	Does the organization have members, stockholders, or other persons who may elect one or more members	s or the	7.	x		
	governing body? Are any degrees of the governing body subject to approved by members, steel/helders, or other permanal.	•	7a 7b	X		
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during		/D	^		
0	by the following:	, trie year				
•			00	x		
a	Each committee with authority to act on behalf of the governing body?		8a 8b		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at tha	OD			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at tile	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code I				
-	tion b. I divided (mile decision b requests information about policies not required by the internal nevertal	<u>3 000e)</u>		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		10a	103	X	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapt	ers. affiliates.				
-	and branches to ensure their operations are consistent with those of the organization?	or, armacoc,	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	e form?	11	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	\mathbf{x}		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	e rise				
	to conflicts?		12b	Х		
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	X		
13	Does the organization have a written whistleblower policy?		13		X	
14	Does the organization have a written document retention and destruction policy?		14	X		
15	Did the process for determining compensation of the following persons include a review and approval by in	idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		15a		_X	
b	Other officers or key employees of the organization		15b		Χ	
	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 v	vith a				
	taxable entity during the year?		16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ts participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organizat	on's				
	exempt status with respect to such arrangements?		16b			
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)	c)(3)s only) available	for			
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website 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, ar	nd fina	ncial		
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and rec IRONWORKERS LOCAL UNION # 848 - 843-552-1554	ords of the organiza	tion: 🕨			
				-		
	7326 PEPPERDAM AVENUE, CHARLESTON, SC 29418		Ca	000	2000	
			LOLW	990 (4UUY)	

932006

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

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.

(B) Average	(C)				1		(D) Reportable	(E) Reportable	(F) Estimated amount of	
hours					ly)	compensation	compensation			
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
10.00	X	_		L	_		0.	0.	0.	
	l							_		
10.00	X		ļ		_		0.	0.	0.	
10.00	١									
10.00	X				-		0.	0.	0.	
10.00	,,									
10.00	X	<u> </u>	-				0.	0.	0.	
10.00	,								•	
10.00	Λ	-	-				U .	0.	0.	
5 00	v						ا م	0	^	
3.00					┢		- 0.	· ·	0.	
5 00	v						0	0	0.	
3.00	-		-		┢					
5.00	x						0.1	0.	0.	
	<u></u>									
5.00	X						0.1	0.	0.	
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					\Box					
40.00		L_	Х				4587.	0.	0.	
	ŀ									
10.00			X	ļ	ļ		0.	0.	0.	
	Average hours per week 10.00 10.00 10.00 10.00 5.00 5.00 5.00	Average hours per week (c per week per	Average hours per week (check page 10.00 X 10.00 X 10.00 X 10.00 X 10.00 X 5.00 X 5.00 X 5.00 X 10.00 40.00 40.00	Average hours per week	Average hours per week	Average hours per week	Average hours per week	Average hours per week Position (check all that apply) Parsual per week Posit	Average hours per week Average per week Avera	

Page 8

	(A)	(A) Officers, Directors, Trustees, Key Employe		(C)				est	(D)	(E)	(F)			
	' Name and title	Average hours	Position (check all that apply)						Reportable compensation	Reportable compensatio	n		imate	
		per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	comp fro orga and	other	ation e cion ced
												_		
											-			
 -										. <u>-</u>		-	_	
												-		
												_,		
											+			
									4810		_			
									70160					
1 b 2	Total Total number of individuals (including bu compensation from the organization		nose	liste	ed al	bove	e) wh	no re	70169. eceived more than \$100	,000 in reportable	0. ∍			0.
3	Did the organization list any former office	er, director or tru		, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab	le co							the organization		4		X
5	Did any person listed on line 1a receive of the organization? If "Yes," complete School	or accrue compe	nsat	ion f						ices rendered to		5		Х
Sec 1	Complete this table for your five highest the organization. NONE	compensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pensat	ion fr	om	
	(A) Name and busine	ss address				-			(B) Description of s	ervices	Co	(C) mpen		n
										!		· - -		
												_		
2	Total number of independent contractors \$100,000 in compensation from the organization f		ot li	mite	d to		se lis O	sted	above) who received m	ore than				
											F	orm 9	90 (2	2009)

					EINFORCING	<u> IRONWORK</u>	ERS 848	01-0880)548 Page 9
Pai	<u>rt \</u>	<u>/III</u>	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512, 513, or 514
S S	4	_	Federated campaigns	1a					513, Or 514
Contributions, gifts, grants and other similar amounts	•		Membership dues	1b	572638.				
g E			Fundraising events	10	0,2000				
ar a			Related organizations	1d	81869.				
S, S			Government grants (contribut		į				
tion r si			All other contributions, gifts, gran						
ğ ş			similar amounts not included abo	ove 1f					
E S		9	Noncash contributions included in lines	s 1a-1f \$					
2 2		h	Total. Add lines 1a-1f		•	654507.			
					Business Code				
<u>.</u>	2	а							
Program Service Revenue		þ	-				_		
n S		C						-	
e a		d			1				
Š.		e					_		_
_		f	All other program service reve	enue					-
\rightarrow	_	9	Total. Add lines 2a-2f					<u></u>	
	3	i	Investment income (including	i aiviaenas, inter	est, and	6739.			6739
	4		other similar amounts) Income from investment of ta	v-evemnt hand	orocoods	0733.			0739
	5		Royalties	x-exempt bond	proceeds		-		
	J	'	Noyames	(i) Real	(II) Personal			·····	
	6	а	Gross Rents	12000	. (1) 1 01001141				
	Ĭ		Less rental expenses						
			Rental income or (loss)	12000					
			Net rental income or (loss)		•	12000.			12000
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		•				
Other Revenue	8	а	Gross income from fundraising specific productions and specific productions.						
ě			contributions reported on line	e 1c). See					
e e			Part IV, line 18	a	·				
듄		b	Less: direct expenses	t					
_			Net income or (loss) from fun-		•	······································			
	9	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19	a					
			Less: direct expenses	L.	·				
			Net income or (loss) from gan	-			:		
	10	а	Gross sales of inventory, less						
		L	and allowances	a					
			Less: cost of goods sold	k na af invantani	·		1		
t		C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
F	11	<u> </u>	Expenses Reimbu		230000	2844.	i		2844
	• •	b			233333	2014.			2033
		c							
		d	All other revenue				 		
			Total. Add lines 11a-11d		•	2844.		пін	
	12		Total revenue. See instructions		>	676090.		0.	21583.
93200									Form 990 (2009

Part IX Statement of Functional Expenses

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

	All other organizations must complete 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			355.51.500	- CAPONOGO
	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	6000.			
5	Compensation of current officers, directors,				
	trustees, and key employees	70169.			
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		· <u>. ·</u>		
7	Other salaries and wages	37440.		. ,	
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	35892.	·		
9	Other employee benefits	14133.			
)	Payroll taxes	8550.			
1	Fees for services (non-employees):				
а	Management		· · · · · · · · · · · · · · · · · · ·		
b	Legal				
C	Accounting	8002.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
2	Advertising and promotion				
3	Office expenses	8048.			
4	Information technology		·		
5	Royalties	10055			
6	Occupancy	18675.			
7	Travel		- 		
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2066			
9	Conferences, conventions, and meetings	2066.			
0	Interest	1083.			
ı	Payments to affiliates	126197.			 -
2	Depreciation, depletion, and amortization	31393.			
3	Insurance	7898.			
4	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	Sharing of Services	85794.			
b	Organizing	51041.			
c	Automobile	14630.	···		
d	Telephone	11984.			
е	Utilities	9264.			
f	All other expenses	22295.			
5	Total functional expenses Add lines 1 through 24f	570554.			
6	Joint costs. Check here ▶ ☐ if following				_
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Form 990 (2009)

Balance Sheet Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 302277. 416760. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 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 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 321585. 10a basis. Complete Part VI of Schedule D 103020. 249958. 218565. 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 222418. 225646. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2115. 0. 15 Other assets See Part IV, line 11 15 774653. 863086. 16 Total assets. Add lines 1 through 15 (must equal line 34) 93719. 87614. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 19368. 8370. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 113087. 26 95984. Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 661566. 767102. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 767102. 661566. 33 Total net assets or fund balances 33 774653. 863086. 34 Total liabilities and net assets/fund balances

INTL ASSOCIATION OF BRIDGE STRUCTURAL

ORNAMENTAL REINFORCING IRONWORKERS 848 Form 990 (2009) Part XI Financial Statements and Reporting

01-0880548 Page 1	2
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	Than old Statement 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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	<u> </u>
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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		ľ	ľ
	Act and OMB Circular A-133?	3a		Х
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.	3ь		

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

INTL ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL REINFORCING TRONWORKERS 848

Employer identification number 0.1 – 0.880.548

Par	† Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		o of Free danter complete in the
		(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?	r abrief davisor, of for any other purpose	Yes No
Pai		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tifled historic structure
	Preservation of open space		tilled filetone carectare
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		or a concervation substitution and the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	• • •	2d
3	Number of conservation easements modified, transferred, re		
	year▶	,	and the same of the same same same same same same same sam
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	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		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	☆ III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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	t to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	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 balar	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		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	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		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

INTL ASSOCIATION OF BRIDGE STRUCTURAL

ORNAMENTAL REINFORCING IRONWORKERS 848 01-0880548 Page 2 Schedule D (Form 990) 2009

Par	t III	Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	<u>er Simil</u>	<u>ar Asse</u>	ts (cont	inued)	
3	Using t	the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a s	ıgnıficant	use of its	collectio	n item	s
	'(check	ali that apply):										
а	F	Public exhibition	d		Loan or exc	hange progra	ams					
b		Scholarly research	е	, 🔲	Other							
С		Preservation for future generations										
4	Provide	e a description of the organization's co	ollections and explai	n how th	ney further t	ne organizati	on's exe	mpt purp	ose in Par	t XIV.		
5		the year, did the organization solicit o										
	_	sold to raise funds rather than to be ma								Yes		No
Par		Escrow and Custodial Arran					s" to For	m 990. Pa	art JV. line			
		reported an amount on Form 990, Par			,					0, 0.		
1a	Is the	organization an agent, trustee, custodi	an or other intermed	tiary for	contribution	s or other as	sets not	ıncluded				
		m 990, Part X?		, .c.		0 01 011101 40	30010 1101	111010000		Yes		No
ь		," explain the arrangement in Part XIV	and complete the fo	Mowing	table:					_ 163		J 140
-		, explain the dirangement in rail XIV	and complete the re	Mowing	labio.					Amoun		
^	Region	ning balance						1c		Anioun	<u> </u>	—
	-	ons during the year						1d				
		utions during the year										
4								1e				
00	-	g balance e organization include an amount on Fo	area 000 Boot V line	010				1f		7		1
		•		217					<u> </u>	」 Yes	L	No
Par		," explain the arrangement in Part XIV. Endowment Funds. Complete it			"Vaa" ta Fa	000 David	IV line 4					
LOI	* 7 1	Elidowine it Tulids. Complete i				I	ľ					
	ъ.		(a) Current year	(B) P	rior year	(c) Two yea	rs dack	(a) Inree	years back	(e) Four	r years	Dack
	-	ning of year balance			 -				··········	 		
Þ		butions						·····	·····	ļ		
C		vestment earnings, gains, and losses								<u> </u>		***********
		or scholarships			<u> </u>			·····	·····	ļ		
е		expenditures for facilities					1					
	•	ograms								ļ		
		strative expenses								ļ		
g		year balance				<u></u>	I			<u> </u>		
2		e the estimated percentage of the yea	r end balance held a	as:								
		designated or quasi-endowment		_%								
		nent endowment	%									
С	Term e	endowment -	%									
3а	Are the	ere endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he organi	zation	ſ		
	by:									لــــ	Yes	No
	(i) un	related organizations								3a(i)		
	(ii) rel	ated organizations								3a(ii)		L
b	If "Yes	" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	: [
4		be in Part XIV the intended uses of the										
Par	<u>t VI</u>	Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.					
		Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
			basis (investr	nent)		(other)	de	preciation				
1a	Land					24992.					249	
b	Buildin	ngs			1	62450.		144	40.	1	480	10.
		hold improvements										
ď	Equipr	ment				42461.		285	15.		139	46.
е	Other					91682.		600	65.		316	17.
		nes 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)			>		185	

Schedule D (Form 990) 2009

	REINFORCING IF	PO CALANOWIO	0 01-0660346 Page
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.		
(a) Description of security or category • (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Certificates of Deposit	225646.	End-of-Year	Market Value
	005646		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	225646.		
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	· · · · · · · · · · · · · · · · · · ·	ethod of valuation:
		Cost or er	nd-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.		
	Description		(b) Book value
	<u> </u>		
	•		
		· .	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X,		j	
1. (a) Description of liability		(b) Amount	
Federal income taxes			
441			

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

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.

932053 02-01-10

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

Schedule D (Form 990) 2009

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SCHEDULE O

Supplemental Information to Form 990

(Form 990) Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTL ASSOCIATION OF BRIDGE STRUCTURAL

Employer identification number

ORNAMENTAL REINFORCING IRONWORKERS 848 01-0880548
Form 990, Part I, Item K, Other Organization Type:
Labor Union
Form 990, Part VI, Section A, line 6: Employees of employers that are
signatory to a collective bargaining agreement are eligible for union
membership.
Form 990, Part VI, Section A, line 7a: The membership body elects the
governing body (Executive Board) as required by the organization's
Constitution and Bylaws.
Form 990, Part VI, Section A, line 7b: All actions by the governing board
are subject to ratification and approval by the full membership body.
Form 990, Part VI, Section A, line 8b: The Organization is operated by a
Executive Board of Members. There are no sub committees or similar type of
group.
Form 990, Part VI, Section B, line 11: A completed form 990 is reviewed by
the Business Manager and Executive Board of the Organization. Any questions
concerning the return are addressed prior to filing.
Form 990, Part VI, Section B, Line 12c: The Organization reviews it's
conflict of interest policy on a regular basis, and requires Officers to
acknowledge their adherence to policy guidlines.

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

Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INTL ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL REINFORCING IRONWORKERS 848

Employer identification number 01-0880548

Form 990, Part VI, Section C, Line 19: The Organization makes its
governing documents available upon written request. In addition, our
organization files an annual financial report with the Department of Labor
which can also be obtained on the online public disclosure room. The
Organization further provides copies of form 990 upon written request.
The Executive Board is are responsible for the oversight of the audit.
There has been no change in this process.

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 01-0880548 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) End-of-year assets status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section ত্ত চ ▶ See separate instructions. 501 Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) South Carolina ORNAMENTAL REINFORCING IRONWORKERS 848 INTL ASSOCIATION OF BRIDGE STRUCTURAL LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. **Fraining in Ironworker** Primary activity Primary activity 9 craft Charleston Ironworkers Joint Apprentice Fund - 57-6027716, 7329 Pepperdam Avenue, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Charleston, SC 29418 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

INTL ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL REINFORCING IRONWORKERS 848 Schedule R (Form 990) 2009

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.) Part III

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(a)	(g)	3	(5)	(e)		€	(0)		3	9	9
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Income	Share of end-of-year assets		Disproportionate allocations?	Code 20 of 8 K·1 (Fo	Ger man Pa
part ty 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.)	anizations Taxable as a Corp ooration or trust during the tax	ooration or 1 (year.)	frust (Complete if t	the organizati	on answered "Y	es" to Form	990, Part IV	, line 34 b	ecause rt l	had one or more	related
(a) Name, address, and EIN of related organization	7	Prin	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(d) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of Pend-of-year o assets	(h) Percentage ownership
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INTL ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL REINFORCING IRONWORKERS 848 Schedule R (Form 990) 2009 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		, ke	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) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		1p	×
c Gift, grant, or capital contribution from other organization(s)		10	×
		P	×
		9	×
		?	
f Sale of assets to other organization(s)		+	×
a Purchase of assets from other organization(s)		19	×
		4	×
		1i X	
j Lease of facilities, equipment, or other assets from other organization(s)		1,	×
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		Ę	×
n Sharing of paid employees		1n X	
 Rembursement paid to other organization for expenses 		9	×
		ļ	×
p nemousement paid by other organization for expenses		3	4
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		+	×
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	thresholds.		
(a) Name of other organization(s) typo	(b) Transaction Am	(c) Amount involved	þ
(1) Charleston Ironworkers Apprenticship Fund		12	12000.
(2) Charleston Ironworkers Apprenticship Fund	7	85	85794.
(9)			
(4)			
(9)			
(9)			
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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.

that was not a reference organization; occurs to consider any execution for containing the conta	(4)	(3)	ψ,	(9)	€	(0)	Ê
(b)	(a)	2	3	·		6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	amount in box 20	General or managing partner?
		country)	Yes No			(Form 1065)	1 ' 1
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						Schedule R (Form 990) 2009	, 990) 2009