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## Ferm **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

2009

Department of the Treasury Internal Revenue Service

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

	For th <u>e</u>	200 <u>9 calen</u>	dar year,	<u>or tax year b</u>	eginning	//01	, 2009	, and endin	ig 6/	<u> </u>		, 2010	
В	Check if a	pplicable		C						D Employ	er Ident/	ification Number	
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										Prior Year		Current	Year
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tevenue				nue (Part VIII		• •				2,905,5			1,691
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-			-		•	, 8c, 9c, 10c, ar				34,2			3,367
	12 T	otal revenu	e – add <u>li</u>	nes 8 throug	h 11 (must ed	ual Part VIII, co	lumn (A), lin	ne 12) .		2,605,5	68.	2,374	4,158
-	<b>13</b> G	irants and s	ımılar am	ounts paid (f	Part IX, colun	nn (A), lines 1-3)	)						
-	14 B	enefits paid	to or for	members (P	art IX, colum	n (A), line 4)				51,3	333.	40	0,000
	<b>15</b> S	alaries, oth	er compe	nsation, emr	lovee benefit	s (Part IX, colun	nn (A), lines	5-10)		1,213,8	319.	1,012	2,395
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Expenses				· ·	(, column (D)				. <del>  100 100 100 100</del>				
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	18 T	otal expens	es. Add Ii	nes 13-17 (n	nust equal Pa	rt IX, column (A	), line 25)	၂၀၀		3,776,	507.	2,649	9,886
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Balanc	<b>20</b> T	otal assets	(Part V II	ıno 16\				ᆜᄄ		5,642,1			9,679
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لــُــ					act line 21 fro	m line 20				5,442,0	145.	5,25	9,281
<u>-'a</u>	rf II	Signat	ture Blo	CK									
		Under penalt	es of perjun	, I declare that	I have examined	this return, including than officer) is based	accompanying	schedules and	statements,	and to the be	est of my	knowledge and b	elief, it is
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le	re	Signature	e of officer							Date			
		<b>•</b>	Dean	Wine /	Business	Manager -	Financi	al Secr	etarv				
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Dn		employed), address, and	<b>►</b> 341			500					V/A		
		ZIP + 4	PHO	DENIX, A	Z 85013-	3811				Phone no	602	<u>-265-450</u>	<u>)                                    </u>
May	the IR	S discuss th	nis <u>re</u> turn	with the prer	oarer shown a	bove? (see insti	ructions)			<u> </u>		X Yes	No
_						ce, see the sepa		tions.		TEEA0113	IL 12/2		⊥ 99

Form <b>990</b> (2009) INTERNATIONAL BROTHERHOOD OF ELECTRICAL	<u>86-0</u>	<u>055726</u>	Page 2
Partille Statement of Program Service Accomplishments			
1 Briefly describe the organization's mission LABOR ORGANIZING	-		
2 Did the organization undertake any significant program services during the year which were not lis	sted on the prior		X No
Form 990 or 990-EZ?	• • •	Yes	i X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	☐ Yes	s X No
If 'Yes,' describe these changes on Schedule O.		_	
Describe the exempt purpose achievements for each of the organization's three largest program s and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	ervices by expenints and allocation	ses. Section ns to others,	501(c)(3) the total
4a (Code:) (Expenses \$ including grants of \$	) (Revenue		)
THE ORGANIZATION IS A LABOR UNION ORGANIZED UNDER AN INTERNATI			
BENEFITS FOR MEMBERS AND TO REPRESENT THEM IN LABOR NEGOTION APPROXIMATELY 1800 MEMBERS AT JUNE 2010.	ATIONS. TH	E_UNION	HAD
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4b (Code: \$ including grants of \$	) (Boyonus	ė	
4b (Code:) (Expenses \$ including grants of \$	) (Nevenue	Y	
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4c (Code:) (Expenses \$including grants of \$	) (Revenue	\$	)
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		<b></b> -	
			<b>-</b>
4d Other program services. (Describe in Schedule O.)			
(Expenses \$ including grants of \$ ) (Reve	nue \$		)
4e Total program service expenses ▶			

Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A. . 2 X Is the organization required to complete Schedule B, Schedule of Contributors? X 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . . . . 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III X 5 6 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 9 X Schedule D. Part IV . . . . . . Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X 11 X as applicable .. . 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— 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I. 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III. 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I . 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a<sup>?</sup>If 'Yes,' complete Schedule G, Part III 19 X 20 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Checklist of Required Schedules (continued)

No Yes 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 Х 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 23 X Schedule J 24a Х **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 24c any tax-exempt bonds? . . . . . .... 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 25b Schedule L, Part I 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X 27 Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. . . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M.... . . . . Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I... 31 32 32 X 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X . . . . Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х 35 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 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Х 38 Note. All Form 990 filers are required to complete Schedule O

BAA

Form 990 (2009)

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 U.S. 1 a Information Returns, Enter -0- if not applicable . . 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? . . . . 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 17 calendar year ending with or within the year covered by this return X 2Ы 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... Note, if the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a this return 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6h deductible? 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 7 a provided to the payor? 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 Form 8282? 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year . e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 92 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 ... 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 11a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11<sub>b</sub> amounts due or received from them.)

Form **990** (2009)

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12a Section 4947(a)(1) nonexempt 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

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

Section A.	Governing Body and Management								
					Yes	No			
1 a Enter the	number of voting members of the governing body	1 a		10		5.			
<b>b</b> Enter the	number of voting members that are independent	1 b			t.				
2 Did any officer, d	fficer, director, trustee, or key employee have a family relationship or a business related to the first trustee or key employee?	ationship	with any other	2		Х			
3 Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	der the di	rect supervision	n <b>3</b>		Х			
	rganization make any significant changes to its organizational documents			4		Х			
since the prior Form 990 was filed?									
5 Did the organization become aware during the year of a material diversion of the organization's assets?									
6 Does the organization have members or stockholders? SEE.SCHEDULE 0									
-	•			7a	Х				
<del>-</del>	decisions of the governing body subject to approval by members, stockholders, or oth			H O 76	X				
the follow	•	aken duri	ng the year by						
•	rning body?			8a	X				
	nmittee with authority to act on behalf of the governing body?		•	8ь	Х				
organiza	iny officer, director or trustee, or key employee listed in Part VII, Section A, who can ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		х			
	Policies (This Section B requests information about policies not	require	ed by the Inte	ernal					
Revenue Code	)				Van	No			
10a Does the	organization have local chapters, branches, or affiliates?			10a	Yes	No X			
<b>b</b> If 'Yes,' o	oes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chap	pters, affiliates,	10Ь					
11 Has the	organization provided a copy of this Form 990 to all members of its governing body be	efore filing	g the form? .	11	Х				
11 A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	SEE	SCHEDULE	0					
12a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13			12a		_X_			
<b>b</b> Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests the second sec	hat could	give rise	12b					
<b>c</b> Does the Schedule	organization regularly and consistently monitor and enforce compliance with the police $O$ how this is done	cy? If 'Yes	s,' describe in	12c					
13 Does the	organization have a written whistleblower policy?			13		X			
14 Does the	organization have a written document retention and destruction policy?			14	Х				
15 Did the persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by sion?	y independent	ř	7.	No.			
a The orga	nization's CEO, Executive Director, or top management official .			15a	X				
	cers of key employees of the organization SEE SCHEDULE O			. 15b	Х	استني			
	line 15a or 15b, describe the process in Schedule O. (See instructions.)  rganization invest in, contribute assets to, or participate in a joint venture or similar a	rrangeme	ant with a tayah	Ja 🏥					
entity du	ing the year?			16a	ونقوت	Х			
ın joint v	as the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard to th respect to such arrangements?	o evaluat he organi	e its participation zation's exempt	on t 16b					
•	Disclosures								
17 List the	tates with which a copy of this Form 990 is required to be filed AZ								
inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an in. Indicate how you make these available. Check all that apply	d 990-T (	501(c)(3)s only)	) avaılable	for pu	iblic			
	website Another's website X Upon request								
19 Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public ${\tt SEE}$ SCHEDULE O	ents, conf	lict of interest p	olicy, and	financ	ıal			
	name, physical address, and telephone number of the person who possesses the bo UNION 5808 N. 7TH STREET PHOENIX AZ 85014 602-264		ecords of the or	rganızatıor	1 <b>:</b> - <b>-</b>				
			<b></b>			<b>-</b>			

# 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 organizations'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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(c)						(D)	(E)	<b>(F)</b>
Name and Title	Average hours per week	individual trustee or director	inshuhonal trustee		all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MICHAEL VALENTINO										
EXEC. BOARD	1	X		_	_			0.	0.	0.
GREG EASTIN										
VICE PRESIDENT	1	Х						0.	0.	0.
JAMES DOUGLAS RYAN										
EXEC. BOARD	1	X		_				0.	0.	0.
RAYMOND F CISSNE										
EXEC. BOARD	48	X		_	ļ			71,773.	0.	0.
TERENCE SHARKEY					1					
EXEC. BOARD	1	X	Ш	$\perp$			ļ	0.	0.	0.
EARL PIERCE										
EXEC. BOARD	1	X		_				0.	0.	0.
SHAWN HUTCHINSON										
PRESIDENT	48	X						71,773.	0.	0.
DANIEL POMPA				:			ļ			
EXEC. BOARD	1	X			_			0.	0.	0.
ROY HAMILTON										
EXEC. BOARD	1	X						0.	0.	0.
BENNY SELPH										
EXEC. BOARD	1	X			_		<u> </u>	0.	0.	0.
TREVOR KUCERA										
EXEC. BOARD	1	X						0.	0.	0.
ROBERT LOPARCO							1			
EXEC. BOARD	1	X			ļ			0.	0.	0.
DEAN WINE									_	
BUS. MANAGER	48			Х	_			86,231.	0.	0.
RICHARD STEWART									_	
RECORDING SEC	1			X			_	0.	0.	0.
MICHAEL BRAGONE										
TREASURER	48	ļ	Щ	X	ļ		<u> </u>	71,773.	0.	0.
	L	<u> </u>	Ш						<u>-</u>	

BAA

Part VII Section A. Officers, Directors, Trustees	, Key E	mp	loy	ees	, ar	id H	igh	est Compensate	ed Employees (	
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours per week			check Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	per week	dual trustee ector	Institutional trustee	94	employee	Highest compensated employee	er			organization and related organizations
								_		
								<del></del>		
		-								
								-		
						_				
								201 550		
1 b Total		•••						301,550.	0	<del>'</del>
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted :	abo\ 	ve) \ 	wno 	rece	eived more than \$	100,000 in reporta	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual						•			3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$150	com 0,000	ipen 0? <i>If</i>	satı ' <i>'Ye</i>	on a	and o omp	othe: <i>lete</i>	r compensation fro Schedule J for su	om ch 	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete School	ompensa edule J	ation for s	froi uch	m ai <i>per</i> :	ny u s <i>on</i>	nrel	ated	organization for	services	. 5 X
Section B. Independent Contractors									- \$100 000 of	
Complete this table for your five highest compensate compensation from the organization		ena	ent (	cont	raci	ors	ırıaı	received more tha	III \$100,000 OI	
Name and business addres	s				-	_		Description	of Services	(C) Compensation
			•							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		imite	ed to	tho	se	liste	d ab	ove) who received	I more than	

Pai	T VIII   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e  f All other contributions, gifts, grants, and similar amounts not included above . 1 f				
AND	g Noncash contribus included in lins 1a-1f:				
<del>-</del>	Business Code				
SERVICE REVENU	2a MEMBERSHIP DUES & ASSESSMENTS b c d	2,071,691.	2,071,691.		
¥	e				
8	f All other program service revenue .				
<u>*</u>	g Total. Add lines 2a-2f	2,071,691.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	104,750.	3,261.		101,537.
	5 Royalties				
	(i) Real (ii) Personal  6a Gross Rents. b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory  (i) Securities  (ii) Other  5,326,846.  1,743.				
	b Less: cost or other basis and sales expenses . 5,164,287. c Gain or (loss) 162,559. 1,743.	-			
	c Gain or (loss) [ 162, 559.] 1, 743. d Net gain or (loss)	164,302.	164,302.		<del></del>
ENUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).  See Part IV, line 18 . a				
표	b Less direct expenses b			· · · · · · · · · · · · · · · · · · ·	
U	c Net income or (loss) from fundraising events.	•			
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses . b  c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances.				
	b Less: cost of goods sold b	-			
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code				
	11a PROMOTIONAL FUND	28,186.	28, 186.		
	b MISCELLANEOUS	4,831.	4,831.		
	c COMMUNITY SERVICE	350.	350.		<del></del>
	d All other revenuee Total. Add lines 11a-11d	33,367.			<del></del>
	12 Total revenue. See instructions	2,374,158.	2,272,621.	0	. 101,537.

Part X Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
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 .	40,000.	<del>-</del>		
5	Compensation of current officers, directors, trustees, and key employees	301,550.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	443,158.			
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	85,647.			
9	Other employee benefits.	120,219.			
10	Payroll taxes	61,821.			
11	Fees for services (non-employees).				
ā	Management		· · · · · · · · · · · · · · · · · · ·		
ŧ	Legal	129,540.			
•	Accounting	26,877.	1.0%.ex-	* *	
•	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	38,934.	<del></del>		
	Other	20 600	· · · · · · · · · · · · · · · · · · ·		
	Advertising and promotion	30,600.			
13	Office expenses	59,583.	<del></del>		
14	Information technology .				
15	Royalties	21 055			
16	Occupancy	31,855.	<del></del>		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	194.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,247.			<u> </u>
	Insurance	17,295.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
4	PER CAPITA TAXES - INT'L	534,595.			
	GRANTS	177,720.			
	8% CONTRIBUTION TO BLDG ASSN	118,977.			
	PER CAPITA TAXES - OTHER	90,142.			
	PROMOTIONAL EXPENSES	61,921.		ļ	
	All other expenses	249,011.		<del> </del>	
	Total functional expenses. Add lines 1 through 24f	2,649,886.			
26	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 .				
BAA					Form <b>990</b> (2009)

	(A) Beginning of year		(B) End of year
1 Cash – non-interest-bearing	586,169.	1	159,052
2 Savings and temporary cash investments.	515,080.	2	710,857
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	261,900.	4	128,427
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .		5	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1))			
and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges	2,211.	9	6,094
10a Land, buildings, and equipment: cost or other basis.   10a   235, 477	7.		
Complete Part VI of Schedule D			
<b>b</b> Less: accumulated depreciation	77,134.	10c	46,887
11 Investments – publicly-traded securities.	3,119,638.	11	3,271,647
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	1,079,976.	15	1,076,715
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,642,108.	16	5,399,679
17 Accounts payable and accrued expenses	179,467.	17	122,421
18 Grants payable		18	
19 Deferred revenue	6,783.	19	8,630
20 Tax-exempt bond liabilities		20	
.		21	
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
of Schedule L		22	
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	13,813.	25	9,347
26 Total liabilities. Add lines 17 through 25	200,063.	26	140,398
V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		!	
Organizations that follow SFAS 117, check here \( \times \) and complete lines 27 through 29 and lines 33 and 34.			
27 Unrestricted net assets.	5,393,841.	27	5,218,131
<b>{  </b>	48,204.	28	41,150
28 Temporarily restricted net assets		29	<u> </u>
Organizations that do not follow SFAS 117, check here ► and complete			
	1 3 1		
lines 30 through 34. 30 Capital stock or trust principal, or current funds		30	
		31	
32 Retained earnings, endowment, accumulated income, or other funds.	-	32	<del></del>
33 Total net assets or fund balances.	5,442,045.	33	5,259,281
31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances.	5,642,108.	34	5,399,679
AA	3,042,100.	100	Form <b>990</b> (20

in an interest of the control of the			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X 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>b</b> Were the organization's financial statements audited by an independent accountant?	2b	X	ļ
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?	1 2 4	Х	
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			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
<b>b</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.	2 1		

BAA

Form 990 (2009)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Fiblic Inspection

Employer Identification number

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WOI	RKERS LOCAL UNION 640		86-0055726
Pa	Organizations Maintaining Donor	r Advised Funds or Other Similar Fu	nds or Accounts Complete if
( <u></u>	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to	or advisors in writing that the assets held in dor to the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benef	ne benefit of the donor or donor advisor or for a	iny other
Per	Conservation Easements Compl	ete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation contribution in t	he form of a conservation easement on the
			Held at the End of the Year
á	Total number of conservation easements		2a
ı	Total acreage restricted by conservation easem	nents	<b>2b</b>
•	: Number of conservation easements on a certific	ed historic structure included in (a)	2c
(	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, to	ransferred, released, extinguished, or terminate	ed by the organization during the tax
	year ►		
4	Number of states where property subject to cor	servation easement is located -	
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, han	dling of violations,
6	Staff and volunteer hours devoted to monitoring during the year ▶		
7	Amount of expenses incurred in monitoring, ins during the year ▶	specting, and enforcing conservation easement	s
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of sec	ction . Yes No
9	In Part XIV, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and escribes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, lin	or Other Similar Assets e 8.
18	if the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	c exhibition, education, or research in furtherar	nt and balance sheet works of art, historical nce of public service, provide, in Part XIV,
l	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its revenue statement a c exhibition, education, or research in furtherar	nd balance sheet works of art, historical nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►\$</b>
	(ii) Assets included in Form 990, Part X .	·	<b>&gt;</b> \$
2	If the organization received or held works of an amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items:	or financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
ı	Assets included in Form 990, Part X		<b>&gt;</b> \$

		BROTHERHOOD O		86-005		Page				
Pantill Organizations Mainta	ining Collec	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (co	ontinued	<u>1)</u>			
3 Using the organization's acquisition items (check all that apply):	on accession a	nd other records, check	any of the following that	at are a significant use o	of its collec	tion				
a Public exhibition		<b>d</b> Loan o	or exchange programs							
<b>b</b> Scholarly research	b Scholarly research e Other									
c Preservation for future genera	c Preservation for future generations									
4 Provide a description of the organ Part XIV	nization's collec	ctions and explain how	they further the organiza	ation's exempt purpose	'n					
	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Escrow and Custodia 9, or reported an amount	II Arrangem ount on Forr	e <b>nts</b> Complete if ents 1990, Part X, line	organization answe 21.	red 'Yes' to Form !	390, Par	t IV, lın	е			
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other intermediary f	or contributions or other	assets not .	Yes	No	_			
<b>b</b> If 'Yes,' explain the arrangement							_			
Barrier Interna					Amount		—			
c Beginning balance.			• •	1c			—			
d Additions during the year	• • • • • •	• • • • • • • • • • • • • • • • • • • •	•	. 1d			—			
e Distributions during the year			• • • • • • • • • • • • • • • • • • • •	1e			—			
f Ending balance					<del></del>		—			
2a Did the organization include an a		n 990, Part X, line 21?			Yes	∐ No				
b If 'Yes,' explain the arrangement	ın Part XIV.		107 11 5 0	00 D. LIV C 10			_			
Party Endowment Funds Co				i i		<del></del>	—			
	(a) Current	year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four	r years back				
1a Beginning of year balance.										
<b>b</b> Contributions.					ļ	ļ.,				
c Net Investment earnings, gains, and losses.			:							
d Grants or scholarships										
e Other expenditures for facilities and programs			. <u> </u>	 						
f Administrative expenses .										
g End of year balance										
2 Provide the estimated percentage	e of the year er	nd balance held as:								
a Board designated or quasi-endow	vment ►	*								
<b>b</b> Permanent endowment ►	*									
c Term endowment ►	*									
3a Are there endowment funds not in	n the persecu	on of the organization t	hat are held and adminis	tored for the						
organization by:	ii tile possessit	on or the organization to	nat are nelu and adminis	stered for the	Y	es No	,			
(i) unrelated organizations					3a(i)		_			
(ii) related organizations		,			3a(ii)					
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations lis	sted as required on Sch	nedule R?		3b		_			
4 Describe in Part XIV the intended	-						_			
Part VI Investments—Land, E				(, line 10,			_			
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	( <b>d)</b> Boo	k Value	_			
<b>1a</b> Land		,					_			
<b>b</b> Buildings	. 1						_			
c Leasehold improvements.	·						_			
d Equipment .	ļ	-	207,744.	160,857.		46,887	<u>.                                    </u>			
e Other	ţ		27,733.	27,733.			<u>.</u>			
Total. Add lines 1a through 1e (Column	n (d) must eaus	al Form 990. Part X co.				46,887				
BAA	. (2)		(-),	Sche	dule <b>D</b> (For					
				_ 5.10	_ (					

				86-0055	726 Page <b>3</b>
Part VII Investments – (		orm 990, Part X, I  (b) Book value	ne 12. N/.	(c) Method of valuation	
(a) Description of se (including name	e of security)	(b) Book value		Cost or end-of-year marke	t value
					· · · · · · · · · · · · · · · · · · ·
Closely-held equity interests .					
Other				<del>-</del>	
	· <b></b>			<del></del>	
				<del></del>	<del></del>
	· <b>-</b>				
	·				
Total. (Column (b) must equal Form 99  Part VIII Investments—	Program Polated (See	Form 990 Part X	line 13)	N/A	
(a) Description of		( <b>b</b> ) Book value	1116 13)	(c) Method of valuation	
(a) Description of	investment type	(b) Book Value	(	Cost or end-of-year marke	
	<del></del> .				
<del></del>		V			
Total. (Column (b) must equal Form 99	0, Part X. Col (B) line 13.)	P 15)	1		
Part IX Other Assets (	See Form 990, Part X,			···-	(h) Book value
INDUSTRIAL INSURANCE		scription			(b) Book value 884.
	IDARY ORGANIZATION				1,075,831.
INVESTIGATION OF THE STATE OF T	DIRECT ORIGINATURE TO THE		•		
· · · · · · · · · · · · · · · · · · ·					
		<u> </u>			
Total. (Column (b) must equal	Form 990 Part X col (B) Inc	ne 15)		<b>•</b>	1,076,715.
	s (See Form 990, Part				270.07.201
	ion of Liability	(b) Amount			
Federal Income Taxes					
DUE TO BLDG ASSN.		9,34	<u> 17.</u>		
		-			
· · · · · · · · · · · · · · · · · · ·					
Total. (Column (b) must equal Form 99	10, Part X, col. (B) line 25)	9,3	47.	<del> </del>	

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.

SEE PART XIV

Schedule D (Form 990) 2009 INTERNATIONAL BROTHERHOOD OF ELECTRICAL 86	5-0055726 Page <b>4</b>
Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	. 2,374,158.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2,649,886.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-275,728.
4 Net unrealized gains (losses) on investments	99,486.
5 Donated services and use of facilities .	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV).	
9 Total adjustments (net) Add lines 4 through 8	. 99,486.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	176,242.
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements.	1 2,473,644.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	S. C.
a Net unrealized gains on investments 99, 486.	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e 99,486.
3 Subtract line 2e from line 1	3 2,374,158.
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIV).	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,374,158.
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	• •
1 Total expenses and losses per audited financial statements	1 2,649,886.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
<b>b</b> Prior year adjustments	
c Other losses	:
d Other (Describe in Part XIV)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	3 2,649,886.
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 2,649,886.
Participal 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, 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 information  PART X - FIN 48 FOOTNOTE	ines 1b and 2b, Part V, to provide any additional
THE I.B.E.W. LOCAL 640 HAS ADOPTED A FAS 5 APPROACH FOR EVALUATING	UNCERTAIN TAX
POSITIONS.	

Schedule <b>D</b> (Form 990) 2009	INTERNATIONAL	BROTHERHOOD OF ELECTRICAL	86-0055726	Page 5
PartiXIV Supplement	al Information (cont	BROTHERHOOD OF ELECTRICAL tinued)		
<u> </u>				
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Employer identification number

86-0055726

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
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.) (E)
Public charity status
(if section 501(c)(3)) (End-of-year assets Parall Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section (**D)** Total income TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity િસ્તાને 🗓

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.) 86-0055726 Schedule R (Form 990) 2009 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640 Perri III

(J) General or managing partner? Ŷ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ž Yes Share of total income Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) (b) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

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.)	axable as a Co	rporation or T treated as a	rust (Complet corporation or	e if the organ trust during th	ization answered "	Yes' to Form 990,	Part IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity (C corp., S corp., country)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership
LU 640 BLDG. ASSN.	NITITIE		INTERNATIONA L BROTHERHOOD				
86-0214528 	RENTAL	AZ	ELECTRICAL		0.	0	100.00

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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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) annuities (iii) royalties (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		X ;
e Loans or loan guarantees by other organization(s)		1e X
f Color of the state of the sta		1f X
r Sale or assets to other organization(s)		-
g Purchase of assets from other organization(s)		
h Exchange of assets .		4 7
i Lease of facilities, equipment, or other assets to other organization(s)		Y
i Lease of facilities, equipment, or other assets from other organization(s)		Ιį
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets	٠	T X
n Sharing of paid employees		1n X
o Rembursement paid to other organization for expenses		10 X
<b>b</b> Rembursement paid by other organization for expenses		1p X
<b>q</b> Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		. 1r X
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	spl
	(B)	<u>.</u>
Name of other organization	Iransaction type (a-r)	Amount involved
(2)		
(3)		
•		
(b)		
(5)		
Q		
BAA TEEA5003L 02/05/10	Sche	Schedule R (Form 990) (2009)

86-0055726

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

€ 

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c,X3) organizations?	<b>(E)</b> Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No	,	Yes No
		ļ.					
 						-	
							_
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ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	m 990) (2009)

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

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.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 640	Employer Identification number 86-0055726				
PART VI SECTION B POLICIES					
THE RETURN IN QUESTIONS 12 THROUGH 13 REQUEST IF THE LOCAL UN	NION HAS VARIOUS				
POLICIES IN PLACE RELATING TO CONFLICT OF INTEREST AND WHISTLE B	LOWER AS OF THE END				
OF THE YEAR. THESE POLICIES ARE PROVIDED AND REQUIRED BY THE INTERNATIONAL					
ORGANIZATION AND ARE LOCATED IN THE APPROPRIATE GOVERNING DOCUMENTS MAINTAINED BY					
THE LOCAL AND THE INTERNATIONAL BYLAWS AND CONSTITUTION.					
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREH	OLDE				
THE MEMBERS OF THE LOCAL UNION ARE ELECTRICIANS AND APPRENTIC	CES WHO MEET THE				
REQUIREMENTS OF MEMBERSHIP AS OUTLINED IN THE GOVERNING DOCUMENTAL DESCRIPTION OF THE PROPERTY	MENTS OF THE LOCAL.				
EACH ELIGIBLE MEMBER IS ALLOWED TO VOTE IN ELECTIONS AND APPR	ROVE VARIOUS				
TRANSACTIONS AS SPECIFIED IN THE GOVERNING DOCUMENTS OF THE 1	LOCAL UNION.				
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERN	ING BODY				
MEMBERS HAVE REGULAR MEETINGS WHERE ACTIONS ARE DISCUSSED AND AP	PROVED. EVERY THREE				
YEARS THE LOCAL HAS FORMAL ELECTIONS TO ELECT OFFICERS AND OTHER	REPRESENTATIVES OF				
THE LOCAL.					
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEI	MBERS OR SHAREHOLDERS				
MEMBERS HAVE REGULAR MEETINGS WHERE ACTIONS ARE DISCUSSED AND	APPROVED.				
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	- <b></b>				
FEDERAL FORM 990 WAS PROVIDED TO THE BUSINESS MANAGER WHO REV	/IEWED THE DOCUMENT				
PRIOR TO SIGNING THE FORM. A COPY OF THE FORM WAS MADE AVAIL	LABLE TO ALL OTHER				
MEMBERS OF THE EXECUTIVE BOARD TO REVIEW AT THE NEXT REGULARI	LY SCHEDULED MEETING				
PRIOR TO FILING THE FORM.					
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FO	OR OFFICERS & KEY EMPLOYEES				
COMPENSATION IS BASED UPON APPROVED AMOUNTS IN THE BYLAWS OF	THE LOCAL UNION AS				
APPROVED BY THE MEMBERS OF THE LOCAL AND THE INTERNATIONAL.	THE HOURLY WAGE RATE				
FOR EACH MEMBER IS SET BASED UPON THE COLLECTIVE BARGAINING F	RATE AS NEGOTIATED				

Schedule O (Form 9	990) 2009		. =					Page 2
Name of the organization	INTERNAT	CIONAL	BROTHERHOOD	OF ELECT	RICAL		Employer identification	n number
	WORKERS	LOCAL	UNION 640				86-0055726	<u>.</u>
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