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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

A	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011	
В	Check if	C Name of organization	D Employer identific	ation number
;	applicable	BRIDGE, STRUCTURAL, ORNAMENTAL AND		
	Address change	REINFORCING IRON WORKERS LOCAL #8		
	Name change	Doing Business As	39-01	L82085
	Initial	Number and street (or P O box if mail is not delivered to street address) Room/suit		
Ē	Termin- ated	12034 W. ADLER LANE	(414)	476-9370
	Amende		G Gross receipts \$	2,688,671.
Ē	Applica-		H(a) Is this a group re	
	pending		for affiliates?	Yes X No
		12034 W. ADLER LANE, MILWAUKEE, WI 53214	H(b) Are all affiliates incl	
1	Tax-exer		- ' ' '	list. (see instructions)
		> N/A	H(c) Group exemption	
				State of legal domicile WI
_		Summary	at of formation 220 27 18	diate of legal doffficile 7.2
		riefly describe the organization's mission or most significant activities: TO PROMOT	E AND PROTECT	г тне
Activities & Governance		INTERESTS OF ITS MEMBERSHIP BY PROVIDING EDUC		
'n	_	Check this box I if the organization discontinued its operations or disposed of mo		
Š		lumber of voting members of the governing body (Part VI, line 1a)	i 1	5
တ္	1	lumber of independent voting members of the governing body (Part VI, line 1b)	3	
න්	1		4	
Ĕ.		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	. 5	0
.₹	l	otal number of volunteers (estimate if necessary)	6	
Ą	1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	br	let unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
E	8 0	Contributions and grants (Part VIII, line 1h)	1,875,264.	1,872,551.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
ě	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	18,045.	89,966.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,414.	132,850.
a	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,983,723.	2,095,367.
3	13 6	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
5	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S S	15 8	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,268,090.	1,356,755.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĝ	ьт	otal fundraising expenses (Part IX, column (D), line 25)		
<u>Э</u> Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,337,077.	1,210,014.
í	18 T	otal expenses Add Index 3-7 (must equal Part IX, column (A), line 25)	2,605,167.	2,566,769.
.	_I_19F	Revenue-less expenses: Subtract-line-18 from line-12	-621,444.	-471,402.
20,0			Beginning of Current Year	End of Year
19 th	20 T	otal assets (Part X, line 16)	4,457,510.	4,108,867.
ASS	21 T	otal assets (Part X, line 26)	4,886.	6,113.
Net Assets or	22	let assets of fund balances Subtract line 21 from line 20	4,452,624.	4,102,754.
	art II	Signature Block	1/132/0211	1/102/1310
		les of perjury, I declare that I have examined this return, including accompanying schedules and state	amonte, and to the heet of my	knowledge and helief it is
			· ·	knowledge and belief, it is
true	e, correct	and complete Declaration of pregarer (other than officer) is based on all information of which prepa		
۵.	1	Signature of officer	<u>9-28</u>	-11
Sig		·	Date	
He	re	COLIN TESKA, BUSINESS MANAGER Type or print name and title		
_			Deta Charl	DTIN
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	- F	THOMAS M. POWERS, CPA Thomas M Yowers, CPA		
	· -	15100	WELL Firm's EIN ▶	39-1531945
Use	Only	Firm's address ► 15420 W. CAPITOL DR.		
		BROOKFIELD, WI 53005-2621	Phone no (<u>262) 784–6210</u>
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
032	001 02-22	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)

Farm	BRIDGE, STRUCTURAL, ORNAMENTAL AND rm 990 (2010) REINFORCING IRON WORKERS LOCAL #8 39-0	182085	D 0
	m 990 (2010) REINFORCING IRON WORKERS LOCAL #8 39-0 art III Statement of Program Service Accomplishments	102003	Page 2
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	TO PROMOTE AND PROTECT THE INTERESTS OF ITS MEMBERSHIP BY PR	OVIDING	
		JOIN T	HE
	UNION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vec	XNo
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vos	XNo
3	If "Yes," describe these changes on Schedule O.	1es	_ <u></u>
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an	d	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	u	
4a			
70	TO ASSIST WORKERS UNDER ITS JURISDICTION FOR THE PURPOSE OF	TMPROVIT	NG '
	WAGES, HOURS AND WORKING CONDITIONS. PROGRAM EXPENSES ARE NO		110
	APPLICABLE AS THIS IS A LABOR UNION.		
	III I I I I I I I I I I I I I I I I I		
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$		
	// // // // // // // // // // // // //		
		· · · · · · · · · · · · · · · · · · ·	
			_
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$		
_			
4d	d Other program services. (Describe in Schedule Q.)		-

including grants of \$

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		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_	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	 	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		ļ	Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	_^_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	ļ	Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
U	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	ļ	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ī	
	Part VI	11a	X	l
b	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	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	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	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	12a	 	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	105		X
12	4-04-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\dagger	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, —	170		==
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	I	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	↓	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	↓	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Forn	1 990	(2010)

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	1	
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		1	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	1	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	ĺ	X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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	İ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes;" complete Schedule R, Part I	_33_	-	_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

•	BRIDGE, STRUCTURAL, ORNAMENTAL AND			
	990 (2010) REINFORCING IRON WORKERS LOCAL #8 39-01	82085	Р	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			ᆜ
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		22		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		$oxed{oxed}$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	_		
	See Instructions for 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		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		}	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year		1	

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Did the organization make a distribution to a donor, donor advisor, or related person? 9b 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 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form **990** (2010)

39-0182085

Page 6

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
	Check if Schedule O contains a response to any question in this Part VI			X							
Sect	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 5										
b	Enter the number of voting members included in line 1a, above, who are independent	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		<u>X</u>							
3											
	of officers, directors or trustees, or key employees to a management company or other person?										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Does the organization have members or stockholders?	6	<u>X</u>								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?	7a	X								
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	by the following:										
	The governing body?	8a	X	4,							
b	Each committee with authority to act on behalf of the governing body?	8b		X							
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_								
			Yes	No							
	Does the organization have local chapters, branches, or affiliates?	10a	_	X							
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
	and branches to ensure their operations are consistent with those of the organization?										
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?										
	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										
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise										
	to conflicts?	12b	X	-							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this is done	12c	Х	- -							
13	Does the organization have a written whistleblower policy?	13		X							
14	Does the organization have a written document retention and destruction policy?	14									
15	Did the process for determining compensation of the following persons include a review and approval by independent		l								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	v	1							
	The organization's CEO, Executive Director, or top management official	15a	X	_X_							
b	Other officers or key employees of the organization	- <u> -15b-</u>		_^_							
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)										
(OS	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-	ŀ	X							
L	taxable entity during the year? If "Yes," has the graphization adopted a written policy or procedure requiring the graphization to evaluate its participation.	16a	ļ 								
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b	l								
500	tion C. Disclosure	1100	<u> </u>	L							
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	e for									
10	public inspection. Indicate how you make these available. Check all that apply.	J 101									
	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,	and fine	incial								
18	statements available to the public.	A110 11116	. ioiai								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation.	>								
20	MR. COLIN TESKA - (414) 476-9370										
	12034 W. ADLER, MILWAUKEE, WI 53214										
		Form	990	(2010)							
02200				,							

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	-			(D)	(E) Reportable	(F)
Name and Title	Average	١,,		Pos:			L A	Reportable		Estimated
	hours per week (describe hours for related organizations in Schedule	rustee or director	ec setsual frustæe	Officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DENNIS GUSTAFSON	O)	ļ	-	_	-	-	Ľ			
EXECUTIVE BOARD-FORMER	1.00	X		Х	ļ			454.	0.	513
THOMAS KELLY		T				\vdash				
EXECUTIVE BOARD	1.00	X	1	Х		1		0.	0.	o
HERMAN ROSS		T			<u> </u>	\vdash				
EXECUTIVE BOARD-FORMER	1.00	X		X				0.	o.	o
BRANDON DAY					-	\vdash				
EXECUTIVE BOARD-FORMER	45.00	X		X				28,765.	0.	22,136
TROY MOOSE		Г					Г	† 		
BUSINESS REPRESENTATIVE	1.00	X		X				80,239.	0.	76,481
RANDALL BRYCE							Γ			
EXECUTIVE BOARD	1.00	X		X	l	•	}	31.	0.	173
DAVID COATES		Π	Π							
EXECUTIVE BOARD-FORMER	1.00	X		X		L .		0.	0.	42
BRIAN POWERS	1)		Ì	1					
EXECUTIVE BOARD-FORMER	1.00	X		X				0.	0.	0
TED LATHROP		ļ.—		<u> </u>	<u> </u>	<u> </u> _	<u> </u>		ļ	ļ
EXECUTIVE BOARD	1.00	X		X		L		297.	0.	43
YANCY GRAWIEN										
BUSINESS REPRESENTATIVE	45.00	↓	<u> </u>	X	<u> </u>	L	_	80,239.	0.	75,896
COLIN TESKA							1		_	
BUSINESS MANAGER	50.00	↓_		X	<u> </u>		L	90,392.	0.	84,719
TIMOTHY ROMAN							1			
BUSINESS REPRESENTATIVE	45.00	ـــــ	ļ_	X	<u> </u>	$oxed{igspace}$		81,829.	0.	76,588
RICHARD HANSON										
RECORDING SECRETARY	2.00	<u> </u>	1	X	Ь.	<u> </u>	<u> </u>	0.	0.	0
BRAD CYGANEK									_	
PRESIDENT	2.00	↓_		X	 	igspace	<u> </u>	1,190.	0.	258
WILLIAM FLEMING					1				_	
VICE PRESIDENT-FORMER	2.00	-	-	X	-		ــــ	0.	0.	0
ANTHONY MAYRHOFER	2 00	1	1		1				_	1
BUSINESS REPRESENTATIVE-FORMER	2.00	+	+	X	₩	\vdash	\vdash	0.	0.	0
STEPHEN KIMMEL	1 00			\ v						
SGT-AT-ARMS-FORMER	1.00	_	_	X	<u> </u>		Щ.	0.	0.	Form 990 (201

032007 12-21-10

TREASURER-FORMER	Form 990 (2010) REINFORCI			_						39-0182	085	Pa	ge 8
Name and title Average hours per week (describe hours per week (describe hours per week (describe hours for related organizations) in Schedule O) ROBERT BRUE ROBERT BRUE 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			nplo	yee		_	ligh	est					
Note Provided P	• •									, ,	Estimated		
Week (describe hours for related organizations in Schedule Section B Se	Name and title	-	(ci					lv)	· ·	•			
Complete this label for your five highest compensation from the organization from the organization in Schedule organization in Schedule organization in Schedule organization in Schedule organization in Schedule organization in Schedule organization in Schedule organization in Schedule organization organization on Schedule organization on Schedule organization organization on Schedule organization organization on Schedule organization organization on Schedule organization organization organization organization on Schedule organization orga		•	\vdash		11		1	,,, 		•	ł) i
ROBERT BRUE TREASURER FORMER 1.00 X 0. 0. 0. 0.		,	recto								1		tion
ROBERT BRUE TREASURER FORMER 1.00 X 0. 0. 0. 0.			50	Stee	ļ		Safe		_	(W-2/1099-MISC)	fr	om the	•
ROBERT BRUE TREASURER FORMER 1.00 X 0. 0. 0. 0.			Tuste	Suff		85	E E		(W-2/1099-MISC)		_		
ROBERT BRUE TREASURER FORMER 1.00 X 0. 0. 0. 0.			qra	utlona	a 5	mpto	25 86	<u> </u>			Į.		
ROBERT BRUE TREASURER-FORMER 1.00			ğ	list Inst	e O	Ş.	돌를	퉏			Orge	inzan), i.g
MELISSA MOSE EXAMINING BOARD-FORMER 1.00	ROBERT BRUE							-					
EXAMINING BOARD-FORMER	TREASURER-FORMER	1.00	<u>.</u>		X		i	Ì	0.	0.			0.
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from											5		X
***************************************	Section B. Independent Contractors												
	******	mpensated in	dep	ende	ent d	cont	racte	ors t	that received more than	\$100,000 of compen	sation 1	rom	
(A) (B) (C)									(B)		(()	
Name and business address Description of services Compensation	Name and business												
							-	-					
													-

\$100,000 in compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Tr (A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per	(cl	Position (check all that				ly)	Reportable compensation	Reportable compensation	Estimated amount of other
	week	Individual frustee 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)	compensation from the organization and related organizations
RODNEY BEASLER	1 00			ا ـ ا						
CONDUCTOR	1.00	<u> </u>	-	Х				0.	0.	0
PAUL WAGNER	1.00			х				0.	0.	^
TRUSTEE JOHN BINDER	1.00	-		<u> </u>		-	_	0.	<u> </u>	0
EXAMINING BOARD	1.00			X	l			0.	0.	0
JOE RISTOW	1-1-00	 	\vdash		 					
EXAMINING BOARD	1.00	_		X				0.	0.	0
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		\perp			1	1	1		<u> </u>	<u> </u>

	+	III Statement of Reven		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 :	Federated campaigns	1a				
gra		Membership dues	1b 187255	1.			
fts,		c Fundraising events	1c				
igi		d Related organizations	1d				
Sim		e Government grants (contribution					
ig ig	1	f All other contributions, gifts, grants					
真り		similar amounts not included abov	•	_			
Se		Noncash contributions included in lines	la-1f \$	_ 1070551			
-	<u>'</u>	h Total. Add lines 1a-1f	In	<u>▶ 1872551.</u>			
	2 6		Business C	ode			
· Š							-
Sel		·				 ·	-
e a		d					
Program Service Revenue		9					
٩		All other program service rever	nue — —				
		Total. Add lines 2a-2f		>		······································	
	3	Investment income (including of	dividends, interest, and				
		other similar amounts)	_	▶ 127,577.			127,577.
	4	Income from investment of tax	exempt bond proceeds	>			
	5	Royalties		>	-		-
			(i) Real (ii) Persor	nal			
	6 a	Gross Rents	24,900.				
		Less: rental expenses					
		Rental income or (loss)	24,900.				
1		Net rental income or (loss)		▶ 24,900.			24,900.
1	7 a	Gross amount from sales of	(i) Securities (ii) Othe	r			
		assets other than inventory	545212.				
		Less: cost or other basis	582823.				
		and sales expenses Gain or (loss)	-37611.				
İ		J Net gain or (loss)	-37011.	→ -37,611.	-37,611.		
6		Gross income from fundraising	events (not	-37,011.	-37,011.	······	ļ
ž		including \$,				
eve		contributions reported on line					
Other Revenue		Part-IV,-line-18	a				
姜	b	Less: direct expenses	b				
١	c	Net income or (loss) from fundi	alsing events	>			1
	9 a	Gross income from gaming act	ivities. See				
		Part IV, line 19	a				
ŀ	t	Less: direct expenses	b				
		Net income or (loss) from gamin		>			1
	10 a	Gross sales of inventory, less r		_			
		and allowances	. a 5,32				
		Less: cost of goods sold	ь 10,48				
H		Net income or (loss) from sales		<u>► -5,156.</u>	-5,156.		
F		Miscellaneous Revenue			112 106		
		OTHER REVENUE EX	KCLUDED 90009	9 113,106.	113,106.		
	b						
	٥	All other revenue					
		Total. Add lines 11a-11d	Ļ	▶ 113,106.			
	12	Total revenue. See instructions		► 2095367.	70,339.	0.	152,477.
03200		. C.a C. C. a. C. C. a. a. a. a. a. a. a. a. a. a. a. a. a.		- 1 2075507 6	,0,000		132,477.

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				1 111 1711-1
5	Compensation of current officers, directors,				
	trustees, and key employees	701,954.		701,954.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	344,723.		344,723.	
8	Pension plan contributions (include section 401(k)				· · · · · · · · · · · · · · · · · · ·
	and section 403(b) employer contributions)	102,063.		102,063.	
9	Other employee benefits	144,255.		144,255.	
0	Payroll taxes	63,760.		63,760.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	18,798.		18,798.	
С	Accounting .	17,945.		17,945.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	46,731.		46,731.	
3	Office expenses	63,122.		63,122.	
4	Information technology				
5	Royalties .				
6	Occupancy	33,110.		33,110.	
7	Travel	21,706.		21,706.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	40,365.		40,365.	
20	Interest	53.		53.	
:1	Payments to affiliates	458,613.		458,613.	
22	Depreciation, depletion, and amortization	51,515.		51,515.	
23	Insurance	17,078.		17,078.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	JOB TARGETING	317,332.		317,332.	<u> </u>
b	REPAIRS & MAINTENANCE	49,992.		49,992.	
С	LOCAL 849 START UP	32,000.		32,000.	
d	DONATIONS	18,487.		18,487.	
е	DUES & SUBSCRIPTIONS	10,776.		10,776.	
f	All other expenses	12,391.		12,391.	
25	Total functional expenses. Add lines 1 through 24f	2,566,769.	0.	2,566,769.	C
26	Joint costs. Check here ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

032010 12-21-10

Part X Balance Sheet (A) Beginning of year End of year 1,389,820. 847,693. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 7,365. 6,109. 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,445,101. 889,963. 10a basis Complete Part VI of Schedule D 569,395. 555,138. 10c 10b b Less: accumulated depreciation 2,699,927. 2,490,930. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 4,108,867. 4,457,510. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,113. 4,886. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities. Complete Part X of Schedule D 6,113. 4,886. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,452,624. 4,102,754. -27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 4,102,754. 4,452,624. 33 33 Total net assets or fund balances 4,457,510. 4,108,867. Total liabilities and net assets/fund balances

$\overline{}$	THE PROPERTY OF THE PROPERTY O	32 O I	02003	Pac	ge 12	
Pa	t XI Reconciliation of Net Assets				<u> </u>	
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,09	5,3	67.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,56	6,7	69.	
3	Revenue less expenses Subtract line 2 from line 1	3	-47	1,4	02.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,45	2,6	$\overline{24.}$	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,5		
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 4						
Pa	t XII Financial Statements and Reporting			•		
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash Cother MODIFIE	D CASH	[, ,		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	,			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated 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 Sir	nale Audit	i i	•		
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		1	
				~~~		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 				
Name of organization BRIDGE,	STRUCTURAL, ORNA	MENTAL AND	Emple	oyer identification number
	CING IRON WORKERS			39-0182085
Part I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 or	rganization.
 Provide a description of the organi Political expenditures Volunteer hours 	zation's direct and indirect politica	l campaign activities	ın Part IV. ►\$	
Part I-B Complete if the or	ganization is exempt unde	er section 501(c))(3).	
1 Enter the amount of any excise tax			▶ s	
2 Enter the amount of any excise tax	· -		5 ▶ \$	
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?		•		Yes No
b if "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt unde	er section 501(c), except section 501(c)(3).
1 Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt fund	ction activities	
2 Enter the amount of the filing orga	nization's funds contributed to oth	er organizations for s	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here ar	nd on Form 1120-POI	L,	
line 17b			▶\$	
4 Did the filing organization file Form	•			└─ Yes
5 Enter the names, addresses and e	• •	•	•	
	ation listed, enter the amount paid promptly and directly delivered to a			•
	f additional space is needed, provi			te segregated fund or a
				(-) A
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
IRON WORKERS LOCAL	BMILWAUKEE, WI			
POLITICAL ACTI	53214		0.	16,198.

032041 02-02-11

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2010

BRIDGE, STRUCTURAL, ORNAMENTAL AND

Schedule G (Form 990 or 990-EZ) 2010	REINF	ORCIN	IRON WORK	KERS LOCAL #	839-0	182085 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under section	on 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501((h)).				
A Check If the filing organizat	on belong	s to an affili	ated group.			
B Check D If the filing organizat	on checke	d box A an	d "limited control" pr	ovisions apply.		
		ying Expen	ditures nts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	ence publi	c opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	ence a leg	slative bod	y (direct lobbying)			
c Total lobbying expenditures (add iir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	1c and 1d	1	-		
f Lobbying nontaxable amount Ente	r the amou	int from the	following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is:	The lobi	ying nontaxable an	nount is:		
Not over \$500,000		20% of t	he amount on line 16).		
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	000,000	\$175,00	plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, er	nter -0-				
j If there is an amount other than zei	ro on eithe	r line 1h or l	ine 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?	_				Yes No
		4-Year Ave	raging Period Unde	r Section 501(h)	 	
(Some organiz	ations tha	t made a s	ection 501(h) election	on do not have to com	plete all of the five	
co	lumns bel	ow. See the	instructions for lin	es 2a through 2f on pa	age 4.)	
	Lobb	ying Exper	ditures During 4-You	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	· · · · · · · · · · · · · · · · · · ·	**************************************				
b Lobbying ceiling amount					L	
(150% of line 2a, column(e))				<u></u>		
c Total lobbying expenditures	·					
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))		J 4444				~
(100 / 0 0 mile 20, 00 0 mil (0))		,_, ,		<u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>		

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(4	a)	(1	b)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or		1	 	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	L	1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i			1	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1	
	If "Yes," enter the amount of any tax incurred under section 4912	7 . 7		1	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	' 	
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or s	ection	
	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		1
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	 	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c		ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				1
	"Yes."				
1	Dues, assessments and similar amounts from members		1	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year	-	2b	1	
С			2c	 	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	 	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	<u> </u>	1	
-	_does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4	1	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	 	
	t IV Supplemental Information		5_	٠	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a		line d. Al		- 4h
		no Pan II-B	, line 11. Al	so, complet	e this part
	ny additional information.				
PA	RT I-A, LINE 1:				
mrr	T TOOM USE ONE DOLLMICH ACREON COMMITMER WILLOU E	TTDC M	****		
ΙП.	E LOCAL HAS ONE POLITICAL ACTION COMMITTEE, WHICH F	LLES T	ne		
ית א	DOODTAME DEPONDE NIME MHE CHAME OF WICCONCIN /WCD	2 TD#E	0041		
AP.	PROPRIATE REPORTS WITH THE STATE OF WISCONSIN (WSE	2 ID#5	0041)	•	
	DONAL DURA GURGUORE & DODETON OF THE VENERAL CONTRACT	3D= -			
T.H.	ROUGH DUES CHECKOFF A PORTION OF THE MEMBERS' DUES	ARE A	TTOCY.	TED TO	
TH:	E PAC AS NOTED IN SCHEDULE C, PART I-C.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS LOCAL #8

Employer identification number 39-0182085

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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	L	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, i	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		F
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ►	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		. Yes . No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	sthe organization's accounting for————
Day	conservation easements. 付 相 Organizations Maintaining Collections o	of Art Historical Traceures or C	Other Similar Accets
Fa	Complete if the organization answered "Yes" to Form		Other Similar Assets.
	If the organization elected, as permitted under SFAS 116 (A		
ıa			
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes a computed under SEAS 116 (A		at and belongs shoot works of art, bistoriaal
D	If the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, e		
		education, or research in furtherance of po	ablic service, provide the following amounts
	relating to these items:		> \$
	(i) Revenues included in Form 990, Part Vill, line 1 (ii) Assets included in Form 990, Part X	•	► \$ ► \$
•	If the organization received or held works of art, historical tre	age; irae or other similar access for financia	
2	the following amounts required to be reported under SFAS		ai gairi, provide
_	Revenues included in Form 990, Part VIII, line 1	110 (noo 300) relating to these items.	▶ \$
a	Assets included in Form 990, Part X		► \$ ► \$
0	Assets included in Form 550, Fall A		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

<u>39-0182085</u> Page	2
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Pa	rt III Organizations Maintaining C	Collections of A	rt Hist	torical Tr	OSCUPOC	or Oth	or Simila	9-01	8208) Pa	age 2
3	Using the organization's acquisition, accessi	on and other recor	de check	cany of the	following the	or Our	er Similia	I ASSE	IS (conti	<u>nued)</u>	
_	(check all that apply):	on, and other recor	us, check	any or the	iollowing the	at are a s	iigniiicant t	ise of its	collection	ı items	3
а	Public exhibition		d 🗀		 						
b	Scholarly research			Coan or exc Other	hange progr	ams					
c	Preservation for future generations	'	e	Other							
4		allogtions and avale						_			
5	Provide a description of the organization's co	ollections and expla	ain now tr	ey turtner t	ne organizat	ion's exe	mpt purpo	se in Pai	t XIV.		
•	During the year, did the organization solicit of	or receive donations	or art, ni	storical trea	sures, or oth	ier simila	r assets	_	_		1
Pa	to be sold to raise funds rather than to be m.	amtained as part of	tne orgai	nization's co	ollection?				_ Yes_		No
	Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X line 21	nete if the	organizatio	n answered	"Yes" to	Form 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diami fau				 .				
	on Form 990, Part X?	ian or other interme	ediary for	contribution	is or other a	ssets not	Included		_		1
_	•							. ∟	_ Yes	<u> </u>	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing 1	table:							
_	Decisions belongs								Amount		
ب 0	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f O-	Ending balance						1f				
	Did the organization include an amount on F		e 21?					L	_ Yes	L	No
	If "Yes," explain the arrangement in Part XIV										
	t V Endowment Funds. Complete						<u> </u>				
_	.	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance		ļ								
Ь	Contributions										
C	Net investment earnings, gains, and losses		ļ				·				
d	Grants or scholarships										•••••
e	Other expenditures for facilities										
	and programs		ļ								
f	Administrative expenses										
g	End of year balance		1								
2	The same of the sa										
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
C		%									
3а	Are there endowment funds not in the posse	ession of the organi	zation tha	it are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations			•					3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required	on Sched	iule R?					3b		
_4	Describe in Part XIV the intended uses of the										
Pa	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	line 10.							
	Description of investment	(a) Cost or	other	(b) Cost	or other	(c) A	ccumulate	J [(d) Book	value	
		basis (invest	tment)		(other)		preciation				
1a	Land		174.						80	0,13	74.
b	Buildings	884,	564.				515,82	9.		3,73	
С	Leasehold improvements							-			
d	Equipment .		515.				348,48	30.	75	5,03	35.
ее	Other .	56,	848.				25,65			1,19	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line 1	0(c))		:	▶		5,13	

Schedule D (Form 990) 2010

•				
		TRUCTURAL, ORNAM		20 0102005 - 2
Schedule D (Form 990) 2010 Part VII Investments - Ot		NG IRON WORKERS	LOCAL #8	39-0182085 Page 3
			(a) M	ethod of valuation:
' (a) Description of securit (including name of securit		(b) Book value	, ,	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	-			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(t)			······································	
Total. (Col (b) must equal Form 990, P				
Part VIII Investments - Pr	rogram Relate	d. See Form 990, Part X, line 13		
(a) Description of inves	stment type	(b) Book value		ethod of valuation: nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Col (b) must equal Form 990, F				
Part IX Other Assets. Se	ee Form 990, Part X	, line 15. (a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(4)		(a) becomplien		(a) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)	·			
(9)				
(10)				
Total. (Column (b) must equal For	m 990. Part X. col (3) line 15.)		>
Part X Other Liabilities	See Form 990. Pa	art X. line 25.		
	cription of liability		(b) Amount	
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

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

FIN 48 (ASC 740) 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 1032053
12-20-10

Schedule D (Form 99)

(8) (9) (10)

	dule D (Form 990) 2010 REINFORCING IRON WORKERS LOCAL #			0182085 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial S	tatement	s
1	*Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,095,367
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,566,769
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-	-471,402
4	Net unrealized gains (losses) on investments	4		121,532
5	Donated services and use of facilities	5		
6	Investment expenses	6	··	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		121,532
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-349,870
******	t XII Reconciliation of Revenue per Audited Financial Statements With		er Return	
1	Total revenue, gains, and other support per audited financial statements	- 10,101.100 р	1	2,227,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	
-а	Net unrealized gains on investments	121,5	32	
h	Donated services and use of facilities 2b	2273		
^	Recoveries of prior year grants 2c			
d		10,4	81	
		10,4		132,013
e	Add lines 2a through 2d		2e	2,095,367
3	Subtract line 2e from line 1		3	2,033,307
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
ь				0
_	Add lines 4a and 4b		4c	2,095,367
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	- Fundance	5 Detu	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses	per Retu	
1	Total expenses and losses per audited financial statements	•	1	2,577,250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Ì	
а	Donated services and use of facilities . 2a			
b	Prior year adjustments 2b			
С	·			
	Other (Describe in Part XIV.)			•
е	Add lines 2a through 2d .		_2e	0
3	Subtract line 2e from line 1		3	2,577,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	-10,4	81.	
c	Add lines 4a and 4b		4c	-10,481
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,566,769
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part-II, lines 3, 5, and 9; Part-III, lines 1a a	nd 4;-Part-IV, I	nes-1b and	2b;-Part-V, line 4;-Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa			
PA	RT X, LINE 2: U.S. GENERALLY ACCEPTED ACCOUNTING	PRINCI	<u>PLES R</u>	EQUIRE
MA			מ זאיזועא	Y THE
	NAGEMENT OF AN ORGANIZATION TO EVALUATE TAX POSI	TIONS T	AVEN D	
	NAGEMENT OF AN ORGANIZATION TO EVALUATE TAX POSI	TIONS T	AKEN D	
OR				HAS TAKEN
OR				
		ORGANIZ	ATION	HAS TAKEN
	GANIZATION AND RECOGNIZE A TAX LIABILITY IF THE	ORGANIZ	ATION	HAS TAKEN
AN	GANIZATION AND RECOGNIZE A TAX LIABILITY IF THE UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NO	ORGANIZ T WOULD	ATION NOT B	HAS TAKEN
AN	GANIZATION AND RECOGNIZE A TAX LIABILITY IF THE UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NO	ORGANIZ T WOULD	ATION NOT B	HAS TAKEN E SUSTAINED
AN UP	GANIZATION AND RECOGNIZE A TAX LIABILITY IF THE UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOON EXAMINATION BY THE INTERNAL REVENUE SERVICE.	ORGANIZ T WOULD	ATION NOT B	HAS TAKEN E SUSTAINED MANAGEMENT
AN UP	GANIZATION AND RECOGNIZE A TAX LIABILITY IF THE UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NO	ORGANIZ T WOULD	ATION NOT B	HAS TAKEN E SUSTAINED MANAGEMENT

BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN

Schedule D (Form 990) 2010

SCHEDULE J (Form 990)

Compensation Information

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

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BRIDGE, STRUCTURAL, ORNAMENTAL AND

REINFORCING IRON WORKERS LOCAL #8

Questions Regarding Compensation

Employer identification number 39-0182085

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	•		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boyes on line 15 are checked, did the green ratios fallows with			
_	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	additional and the OLO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Outrought 1994 May 1994 May 1994			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		
D	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			-
	The organization?	6a		
D	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
8	not described in lines 5 and 6? If "Yes," describe in Part III	7		
J	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	
3	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ļ		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

BRIDGE, STRUCTURAL, ORNAMENTAL AND

REINFORCING IRON WORKERS LOCAL #8

39-0182085

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Schedule J (Form 990) 2010 REINFORCING IRON WORKERS LOCAL #8 39-0182085

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Break	(B) Breakdown of W-2	1-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C)	(g)	(E)	(F)
(A) Name		(i) Base compensation	sation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	(3)	80,	,239.	0	0	0	76,481.	156,720.	0
1 TROY MOOSE	(ii)		0	0	0	0	0	0	0
	ε	80	, 239.	0	0	0	75,896.	156,135.	0
2 YANCY GRAWIEN	€		0	0	0	• 0			0.
	Θ	706	,392.	0	0	0	84,719.	175,111.	0.
3 COLIN TESKA	(ii)		0	0	0	0	0		0
	(0)	81,	,829.	0	0	0	76,588.	158,417.	0
4 TIMOTHY ROMAN	(ii)		0	0	0	0	0	0	0
	(3)								
2	(ii)								
	€								
9	Ξ								
	Θ								
7	⊕								
	Θ								
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16	▣	_ -							
		_			•			Schedule	Schedule J (Form 990) 2010

24

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS LOCAL #8

Employer identification number 39-0182085

REINFORCING IRON WORRERS LOCAL #8 39-0102003
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PLACEMENT AND ORGANIZING WORKERS TO JOIN THE UNION.
FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE LOCAL IS MADE
UP OF JOURNEYMEN, APPRENTICES, TRAINEES, HONORARY MEMBERS AND PENSIONERS.
FORM 990, PART VI, SECTION A, LINE 7A: ALL JOURNEYMEN ARE ELIGIBLE TO VOTE
FOR OFFICERS.
FORM 990, PART VI, SECTION A, LINE 7B: EXECUTIVE BOARD DECISIONS ARE
SUBJECT TO APPROVAL BY THE MEMBERSHIP AT MONTHLY MEETINGS.
FORM 990, PART VI, SECTION A, LINE 8B: THE LOCAL HAS NO COMMITTEE WITH THE
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE OFFICER SIGNING REVIEWS THE
FINAL FORM 990 IN DETAIL WITH THE CPA BEFORE SIGNING AND FILING. AT THE
NEXT UNION OFFICERS' MEETING THE FORM 990 IS REVIEWED WITH THEM.
FORM 990, PART VI, SECTION B, LINE 12C: PART OF ETHICS AND DISCIPLINING
PROCEDURES IN THE INTERNATIONAL'S CONSTITUTION.
FORM 990, PART VI, SECTION B, LINE 15A: THE OFFICERS' WAGES ARE SET IN THE
LOCALS BYLAWS BASED ON A SET NUMBER OF HOURS FOR THE GENERAL FOREMAN AND
SALARIES INCREASE WITH THE WAGE SCALE.

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization BRIDGE, STRUCTURAL, ORNAMENTAL AND	Employer identification number
REINFORCING IRON WORKERS LOCAL #8	39-0182085
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE	AVAILABLE UPON
WRITTEN REQUEST WITH A CHARGE FOR COPIES.	
EODM 000 DADE VI IINE E CHANCES IN NEW ACCESS.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	121,532.
	1217332.
FORM 990 PART XI, LINE 1	
MODIFIED CASH BASIS	
	
FORM 990 PART XII, LINE 2C	
Total 330 Tital MIT BIRD BO	
THE EXECUTIVE BOARD SELECTS THE AUDITOR.	