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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	10,409.	22	12,236.
23 Land and buildings	43,149.	23	43,149.
24 Other assets (describe in Schedule O)	1,158.	24	1,158.
25 Total assets	54,716.	25	56,543.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,716.	27	56,543.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? NA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ASSOCIATION MAINTAINES A MEETING PLACE FOR ITS MEMBERS		28a	42,775.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	42,775.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For W-2/1099-MISC) (If not paid enter 0-)	(d) Contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
DICK E WILSON 718 HEDGE P NIXA MO 65714	CHAIRMAN 1	0		
TONY PARRISH P O BOX 18 HIGHLANDVI MO 65669	TRUSTEE 1	0		
CRAIG ROST 620 E WOOD SPRINGFIEL MO 65807	TRUSTEE 1	0		
DAVID BEAHAN 1038 E CHE SPRINGFIEL MO 65807	TRUSTEE 1	0		
BILL NICHOLS 509 HIGHTO NIXA MO 65714	TRUSTEE 1	0		
DARRELL WALKER 1396 E 425 BOLIVAR MO 65613	TRUSTEE 1	0		
NICHAEL MILLS 1000 E HYW NIXA MO 65714	RECORD SEC 1	0		
CHRIS HORTON 1923 E VAL SPRINGFIEL MO 65803	TRUSTEE 1	0		
PAUL TUTER 3752 W FR SPRINGFIEL MO 65803	TRUSTEE 1	0		
RANDY APPLEBY 3471 CRAVE MANSFIELD MO 65704	TREASURER 1	0		
DOUG SOUTHARD 1705 E LAR OZARK MO 65721	TRUSTEE 1	0		
RICK LEIDY 9352 E FR FAIR GROVE MO 65648	TRUSTEE 1	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
- 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0
- 37b Did the organization file Form 1120-POL for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- 38b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations Enter
 - a Initiation fees and capital contributions included on line 9 ▶ 39a
 - b Gross receipts, included on line 9, for public use of club facilities ▶ 39b
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶
- 40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶
- 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶
- 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
- 41 List the states with which a copy of this return is filed ▶
- 42a The organizations books are in care of ▶ Telephone no. ▶ 417-869-7251
 Located at ▶ 2902 E DIVISION MO SPRINGFIELD ZIP + 4 ▶ 65803-
- 42b 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)?
 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.
- 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 44c Did the organization receive any payments for indoor tanning services during the year?
- 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37a		
37b		
38a		X
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		X
41		
42a		
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

f Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		03/28/2012
	Signature of officer DICK E WILSON Type or print name and title	Date CHAIRMAN

Paid Preparer Use Only	Print/Type preparer's name JOHN D WHITE	Preparer's signature JOHN D WHITE	Date 03/28/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00416512
	Firm's name WHITE & ASSOCIATES			Firm's EIN 43-1114310	
	Firm's address 1942 E MEADOWMERE STE 103 SPRINGFIELD MO 65804-0321			Phone no 417-865-3300	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

IBEW BUILDING ASSOCIATION

Employer identification number

43-7090419

OTHER ASSETS ON THE BALANCE SHEET CONSIST OF FURNITURE AND FIXTURES.