	10/08/2010 3 3 7 P	Return of Organization Exempt From	Income Tax		OMB No 1545-0047
Form 9 3	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)		k lung	2009 Open to Public
Department of t Internal Revenu	le Service	The organization may have to use a copy of this return to satisfy	state reporting require	ements	Inspection
A For the 20	009 cal <u>endar yea</u>	r, or tax year beginning , and ending			-
B Check if applic		C Name of organization INTERNATIONAL UNION OF BRICKLAY	ERS	D Emplo	over identification number
Address chan	nge labei or	EASTERN MASS APPR & TRAIN FUND			
Name change		Doing Business As			2518280
Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	See Specific	550 MEDFORD STREET		617	-242-5500
Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	erpts \$ 573,580
Amended retu	um tions .	CHARLESTOWN MA 02129			
Application pe	ending F Name a	and address of principal officer			a group return for es? Yes X No
				affiliate H(b) Are all	affiliates
				include	
· -	ot status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		ן וו־אס, ווייאס,	attach a list (see instructions)
I Tax-exemp		501(c) (3) ◀ (insert no) 4947(a)(1) or 527	.= . = .		exemption number >
K Type of orga		pration Trust Association Other ►	L Year of formation 1	.982	M State of legal domicile MA
Part I	Summan				
		e organization's mission or most significant activities			<u> </u>
	•	ESHIP TRAINING			
5	AIT ADATIC.				
nar					
Activities & Governance 9) 54 2010 01 1 2 0 0 10 1 2 0 0	eck this box	if the organization discontinued its operations or disposed of more than	25% of its net assets	s	
ö₽, Nu		nembers of the governing body (Part VI, line 1a)		3	11
9 8 8 Nu 8 8 24 Nu	-	ndent voting members of the governing body (Part VI, line 1b)		4	0
Tot	•	nployees (Part V, line 2a)		5	9
		lunteers (estimate if necessary)		6	
		ted business revenue from Part VIII, column (C), line 12		7a	
	-	ness taxable income from Form 990-T, line 34		7b	0
			Prior Yea	ar	Current Year
1148 Co	intributions and	grants (Part VIII, line 1h)			
	ogram service re	evenue (Part VIII, line 2g)		7,802	524,138
a to Inv	estment income	e (Part VIII, column (A), lines 3, 4, and 7d)	5	7,643	49,442
[∞] ∰ Ot	her revenue (Pa	rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Id lines 8 through 11 (must equal Part VIII, column (A), line,12)			
			78	5,445	573,580
		amounts paid (Part IX, column (A), lines 1–3)			
	•	for members (Part IX, column (A), (ing 4) $1 $ 2 (1) (1) M	26	F 041	241 040
<mark>ທ</mark> 15 Sa	lanes, other cor	npensation, employee benefits (Part IX, column (A), lines 5+10)	30	5,041	341,940
2 16a Pro	ofessional fundr	aising fees (Part IX, column (A), line (4) DEN. UT			
X I	-	xpenses (Part IX, column (D), Line 25)	25	1 205	231,779
17 00		Part IX, column (A), lines 11a–11d, 11f–24f)		1,285 6,326	573,719
	•	dd lines 13–17 (must equal Part IX, column (A), line 25)		9,119	-139
19 Re	evenue less exp	enses_Subtract line 18 from line 12	Beginning of Cu		End of Year
Vet Assets of Fund Balances 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	tal assets (Part	X. line 16)		5,342	3,195,441
20 TO	ital liabilities (Par			9,275	19,513
		balances Subtract line 21 from line 20		6,067	3,175,928
Part II	Signatur				
	Linder nenaltu	es of penury. I declare that I have examined this return including accompanying schedu	les and statements, and	I to the best of	of my knowledge
	and belief, it is	s true, correct, and completer Declaration of preparer (other than officer) is based on all	information of which pre	eparer has an	y knowledge
Sign	1 h	shard fareen			
Here	Signature	e of officer	_	Date	10-15-10
	Ric	chard Forcione Dre	esident AD	Min's	DOZATON
	Type or p	onnt name and title			
	Preparer's	Date		uf	Preparer's identifying number (see instructions)
Paid	signature	Carl J. Hansen 10	0/08/10 self- employ	yed 🕨 🗌	P00832320
Preparer's		Manzi & Associates L.L.C.		EIN I	04-3508036
Use Only	Firm's name (or yours		Phone	
	address, and				978-975-1099
May the IRS	discuss this reti	urn with the preparer shown above? (see instructions)		······································	Yes No
For Privacy		work Reduction Act Notice, see the separate instructions.	· • • • • •		Form 990 2000
DAA	-				24

BRCK3TRAIN 10/0	08/2010 3 37 PM								
Form 990 (2009) Part III		JNION OF BRICKLAYERS ervice Accomplishments	22-2518280	Page 2					
1 Briefly des	sche the organization's mission TICESHIP TRAININ								
the prior F	ganization undertake any significa form 990 or 990-EZ? escribe these new services on So	ant program services during the year whic	h were not listed on	Yes X No					
3 Did the org services?	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
4 Describe t Section 50	01(c)(3) and 501(c)(4) organizatio	ule O. s for each of the organization's three larg ins and section 4947(a)(1) trusts are requ id revenue, if any, for each program servi	ured to report the amount of grants and						
4a (Code: APPREN)(Expenses \$ TICESHIP TRAININ	573,719 including grants of \$) (Revenue \$)					
4b (Code) (Expenses \$	Including grants of \$) (Revenue \$)					
4c (Code.) (Expenses \$	including grants of \$) (Revenue \$)					
	- 1919 - 19 - 19 - 19 - 19 - 19 - 19 -								
(Expense		including grants of \$) (Revenue \$)					
4e Total pro	gram service expenses 🕨	573,719		Form 990 (2009)					

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

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Pa	art 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,"			v	
	complete Schedule A		1	X	v
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				v
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				v
-	Schedule C, Part II		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the nght to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				v
_	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				v
	complete 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,"				77
	complete Schedule D, Part IV		9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				77
_	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI.				
•	Did the organization report an amount for investments—other secunties 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				
•	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 related 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				
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	r 	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			i i
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	X	
l4a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				77
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		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, Part III		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		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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X

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	990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280			age
			Yes	N
I	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		2
2	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		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
a	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		
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Γ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Γ
	to defease any tax-exempt bonds?	24c		
1	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Γ
3	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ſ
-	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l
5	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ſ
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			t
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		L
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			t
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			L
	If "Yes," complete Schedule L, Part III	27		L
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ļ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ŧ
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Î
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100	1	t
,	Schedule L, Part IV	285		
;	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			t
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			L
	Part IV	28c		L
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		t
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			t
	-	30		
	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			t
	•	31		
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			t
	•	32		
	Schedule N, Part II	32		ł
	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		1
			+	t
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34	x	
	III, IV, and V, line 1	34		┢
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		
	Schedule R, Part V, line 2	35	+	┢
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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	1		ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		╞
	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	L

Form 990 (2009)

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TTTT 1		518280		P	age 5
<u> </u>	ert V Statements Regarding Other IRS Filings and Tax Compliance			<u>г — </u>	
			E	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				I
	US Information Returns. Enter -0- if not applicable	1a 0 1b 0			ŧ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	·• 1 ·			I
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable	1.	1	
	gaming (gambling) winnings to prize winners?	1 1	<u>1c</u>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 9			Į
	Statements, filed for the calendar year ending with or within the year covered by this return			x	ŧ
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax ref		<u>2b</u>		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (second second	3e			I
2-	instructions)	and by			ŧ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover the extrem?	aled by	1		x
ь	this return?		<u>3a</u> 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or othe	a authorst (30		<u> </u>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other	-			
	account)?	inditudi	4a		x
ь	If "Yes," enter the name of the foreign country		40		
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreig	n Bank			ŧ
	and Financial Accounts				ŧ
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5a		x
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re				
U	Prohibited Tax Shelter Transaction?	garang	5c		
6a		the			
vu	organization solicit any contributions that were not tax deductible?		6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or			
-	gifts were not tax deductible?		6Ь		
7	Organizations that may receive deductible contributions under section 170(c).				<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or acods			ŧ
-	and services provided to the payor?	3	7a	1	Ī
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?		70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d]			İ
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal			ŧ
	benefit contract?		7e		Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	ntract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	d?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	3-C as			
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportin	g			ŧ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoni	ng			ŧ
	organization, have excess business holdings at any time dunng the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				Į
а	Did the organization make any taxable distributions under section 4966?		<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter				I
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			Į
11	Section 501(c)(12) organizations. Enter	1 1			ŧ
а	Gross income from members or shareholders	11a			ŧ
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Į		I
	amounts due or received from them.)	_11b		1	ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1 1	12a	 	ļ
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	[Ι.	ŧ

Form 990 (2009)

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

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

	Schedule O. See Instructions.					
<u>Sec</u>	tion A. Governing Body and Management					
		ı.		£	Yes	No
1a	Enter the number of voting members of the governing body	1a				
b	Enter the number of voting members that are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct					x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	^		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	ŕ		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			6		X
6	Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			70		х
L	of the governing body?			7 <u>a</u> 7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			/0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
-	the year by the following			8a	x	:
a h	The governing body? Each committee with authonty to act on behalf of the governing body?			85	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal			L	
	venue Code.)	cina				
1101					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
••	form?			11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
-	rise to conflicts?			12b		
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		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)					
16a						ł
	with a taxable entity dunng the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requinng the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					ŧ
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly)				
	available for public inspection Indicate how you make these available Check all that apply					
	Own website Another's website X Upon request					

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 RICHARD FORCIONE
 550 MEDFORD STREEET

 CHARLESTOWN
 MA 02129

617-242-5500

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average			(0))	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
DAVID KREAMER	-								_	
TRUSTEE	10.00	X						0	0	0
CHRISTOPHER MEDEI										
TRUSTEE	10.00	X						0	0	0
ROBERT RIZZI										
TRUSTEE	10.00	X						0	0	0
BILL MCCONNELL										
TRUSTEE	10.00	X						0	0	0
GREG SALVUCCI										,
TRUSTEE	10.00	X						0	0	0
FRED SALVUCCI										
TRUSTEE	10.00	X						0	0	0
PATRICK FOLAN										
TRUSTEE	10.00	X						0	0	0
JOSEPH DEWEY										
TRUSTEE	10.00	X						0	0	0
JOSEPH IACOPUCCI										
TRUSTEE	10.00	X						0	0	0
JAMES FAHEY										
TRUSTEE	10.00	X						0	0	0
ROBERT MOTTOLO			1							
ASST ADMIN	45.00			X				91,462	0	58,961
RICHARD FORCIONE										
ADMNISTRATOR	45.00			X				52,386	0	31,694
CHARLES RASO		1		ļ						
PRES FIN SEC	10.00			X				0	0	0
				-	\vdash		-			· · · · · · · · · · · · · · · · · · ·

Part VII	(A)	(B)	stees		(()			(D)	(E)	(F)
Na	me and Title	Average hours per week	2 Individual trustee 2 or director		che Officer	-	a Highest compensated employee	p 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
				-	ose	lister	d abo	► ve)	143,848 who received more than \$1]] 00,000 ເກ	90,6
Did the employe For any the orga individu Did a ny	e on line 1a? If "Yes," individual listed on line nization and related on al	rmer officer, dire complete Sched 1a, is the sum o ganizations grea a receive or acci	ector o lule J of rep ater th	for s ortab an \$ ompe	uch i le co 150,0 nsat	ndiv ompe 2007	idual ensati 1 If "Y rom a	ion a 'es," any i	e, or highest compensated and other compensation from complete Schedule J for su unrelated organization for ich person		Yes 3 4 X 5
Comple		e highest compe	ensate	ed in	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of	
comper	sation from the organiz Name and	(A) business address							Descrip	(B) ton of services	(C) Compensation
										· · · · · · · · · · · · · · · · · · ·	
						-		<u> </u>			

2 Total number of independent contractors (including but not limited to those listed above) who receiv more than \$100,000 in compensation from the organization ►

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS Part VIII Statement of Revenue 22-2518280

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						(A)	(8)	(C)	_ (D)
						Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1a	Federated cam	naigns	1a				Tevende		312, 313, 01 314
	Membership du		1b						
	Fundraising ev		10 1c						
	Related organi		1d			1			
	Government grants (10			l			ł
	All other contribution:	-							ł
	and similar amounts		1f						
~	Noncach contribution	s included in lines 1a-	· · · ·	\$					
· ·	Total. Add line			Þ		1			
	Total. Add line	5 Ta-11			Buen Code				1
29	MPNBPDQ				Duan. Odde	524,138	524,138		
	MEMDERSI	117 0085				521/250	021/200		
u						· · · · · · ·			
			lue			524 138			• • • • • • • • • • • • • • • • • • •
			hudone			524,130			
3			avideric	13, 11110103		49.442			49,44
A			ovomn	t bond pro	sheen			-	
		vestment of tax-	exemp	t bond pro					
Ð	Royanies	(i) Real		(u) E	Personal	1		·····	
6-	Creas Danta	(i) Keai			ersonal	ŧ			
						1			
	· · ·					1			
						ŧ			ŧ
7a	Gross amount from			(11)					
	sales of assets			(4)		1			
L						I			
D						I			
-									
				L	\	ŧ			† .
	-		ate						
oa			ila Ila			l			
		ported on line 1c)							
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				0101113					1
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			- 1	vities	•	·		· · · ·	
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			а			ł			1
Ь									
	-			entory	•	Ī	1		Ť
<u> </u>					Busn. Code	· · · · · · · · · · · · · · · · · · ·		· ····	
						ļ Ī			I
					·				
	All other reven	ue						· · · · · · · · · · · · · · · · · · ·	-
									-
-			ns			573.580	524.138		0 49,44
	9 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a b c 0 a b c 0 a b c d 7 a b c d 7 a b c d 7 b c d 7 b c d 7 b c d 7 b c d 7 b c d 5 b c d 7 b c d 5 b c b c d 5 b c b c d 5 c d 5 c d 5 c d 5 b c d 5 c b c d 5 b c d 5 b c d 5 c d 5 c d 5 c b c b c b c b c b c b c b c b c b c	b c d d e f All other progra g Total. Add line: 3 Investment inco other similar ar 4 Income from in 5 Royalties 6 a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental incor 7 a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) g of contributions re See Part IV, line b Less direct exp c Net income or 9 a Gross income fro See Part IV, line b Less direct exp c Net income or 9 a Gross sales of returns and alloc b Less cost of g c Net income or Misc 11 a b c d All other reven e Total. Add line	b c d d e f All other program service rever g Total. Add lines 2a–2f 3 Investment income (including d other similar amounts) 4 Income from investment of tax- 5 Royalties (i) Real 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising ever (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundi 9a Gross income from gaming activitie See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming d Net income or (loss) from gaming 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales Miscellaneous Revenue e Total. Add lines 11a–11d	b c d e f All other program service revenue g Total. Add lines 2a–2f 3 Investment income (including dividence other similar amounts) 4 Income from investment of tax-exemp 5 Royalties (i) Real 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising 9a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances a b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory. Miscellaneous Revenue e Total. Add lines 11a–11d	b c d e f All other program service revenue g Total. Add lines 2a–2f 3 Investment income (including dividends, interes other similar amounts) 4 Income from investment of tax-exempt bond profile 5 Royalties (i) Real (ii) F 6a Gross Rents (i) Real (ii) F b Less rental exps (i) Securities (ii) c Rental in cor (loss) (i) Securities (ii) d Net rental income or (loss) (ii) Securities (ii) d Net rental income or (loss) (iii) Securities (iii) b Less cost or other (i) Securities (iii) b Less direct expenses (iiii) (iiiiii) c Add not (loss) a a b g Gross income from gaming activities. See Part IV, line 18 a a b Less direct expenses b (i) C (i) C (i) C g Gross income from gaming act	b	2a MEMBERSHIP DUES 524,138 b	2a MEMBERSHIP DUES 524,138 524,138 b c	2a MEMBERSHIP DUES 524,138 524,138 b

Page 9

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INTERNATIONAL UNION OF BRICKLAYERS Form 990 (2009) 22-2518280 nt of Europie

Part IX Statement of Functional Expenses									
	Section 501 All other organizations must o		re not required to comple	te columns (B), (C), and					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
<u>70</u> , 1	Grants and other assistance to governments and			general expenses					
•	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								
5	Compensation of current officers, directors,	142 040	142 040						
•	trustees, and key employees	143,848	143,848						
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	57,176	57,176						
' 8	Pension plan contributions (include section 401(k)								
-	and section 403(b) employer contributions)	78,721	78,721						
9	Other employee benefits	45,572	45,572						
0	Payroll taxes	16,623	16,623						
1	Fees for services (non-employees)								
а	Management								
b	Legal								
С	Accounting	12,641	12,641						
d	Lobbying								
•	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·							
f	Investment management fees								
9 4 2	Other								
12 13	Advertising and promotion Office expenses		· · · · · · · · · · · · · · · · · · ·						
14	Information technology								
15	Royalties								
16	Occupancy	17,785	17,785						
17	Travel	18,199	18,199						
8	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	47,218	47,218						
20	Interest								
21	Payments to affiliates	44 157	44 157						
22	Depreciation, depletion, and amortization	44,157	44,157						
23	Insurance				l				
24	Other expenses Itemize expenses not	I			Į				
.4	covered above (Expenses grouped together	l l			ŧ				
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below)				ŧ				
а	SUPPLIES	27,015	27,015						
b	INSURANCE	21,486	21,486						
с	INSTRUCTOR BENEFITS	15,498	15,498	· · ·					
d	OFFICE SUPPLIES & EXPENSE	8,897	8,897						
0	COURSES	7,243	7,243	·					
f	All other expenses	11,640	11,640						
25	Total functional expenses. Add lines 1 through 24f	573,719	573,719	. <u>.</u>					
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								

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

Page	1	1
I aye		

<u> </u>	art /	Balance Sheet		····		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		2,203,165	2	2,261,137
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		38,682	4	24,965
	5	Receivables from current and former officers, directors, tru	ustees, key			
		employees, and highest compensated employees Comple	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined up	nder section			
1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
-		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net	. [7	
Assets	8	Inventories for sale or use			8	
◄	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
	ŀ	other basis Complete Part VI of Schedule D	10a 1,478,236			
	Ь	Less: accumulated depreciation	10b 568,897	953,495	10c	909,339
	11	Investments—publicly traded secunties			11	
	12	investments—other secunties See Part IV, line 11			12	
	13	Investments-program-related See Part IV, line 11			13	
	14	Intangible assets		14	<u></u>	
	15	Other assets See Part IV, line 11		<u>-</u>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,195,342	16	3,195,441
	17	Accounts payable and accrued expenses		19,275	17	19,513
	18	Grants payable	ļ		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
ĨŤ	22	Payables to current and former officers, directors, trustees	, key			
Liabilities		employees, highest compensated employees, and disqual	ified			
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part	ies		24	
	25	Other liabilities Complete Part X of Schedule D	_		25	
	26	Total liabilities. Add lines 17 through 25		19,275	26	19,513
es Se		Organizations that follow SFAS 117, check here ►	and			
n n		complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestncted net assets	Ļ	·····	27	
	28	Temporanly restricted net assets			28	
or Fund	29	Permanently restricted net assets			29	
Ľ		Organizations that do not follow SFAS 117, check here	• ► 👗			
Ъ	1	and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	-		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment for	F	2 186 068	31	3 175 000
Ä	32	Retained earnings, endowment, accumulated income, or o	other funds	3,176,067	32	3,175,928
Vet	33	Total net assets or fund balances		3,176,067		3,175,928
Ž	34	Total liabilities and net assets/fund balances		3,195,342	34	3,195,441

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Form 990 (2009) INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

Page	1	2
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P	ert XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990 [.]			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŧ.
	Schedule O.			ŧ.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ŧ
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			ŧ
	X Separate basis Consolidated basis Both consolidated and separate basis			ŧ
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	_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990-EZ)		lic Charity Status and Public Support e if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							OMB No 154 200 Open to 1	9		
Department of the Treasury Internal Revenue Service	► Att	ach to Form 990 or Form 990-I	EZ. Þ S	See sepai	rate inst	ructions	s	Inspection				
Name of the organization		L UNION OF BRICH APPR & TRAIN FU		RS				-	identification number			
Part Reaso		Status (All organizations		omplete	this p	art.) S						
The organization is not a	pnvate foundation because	It is (For lines 1 through 11, che	ck only or	ne box)								
	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).							
2 X A school desc	mbed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
	•	e organization described in secti	• •									
4 A medical resolution A medic		rganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
v	on operated for the benefit of b)(1)(A)(iv). (Complete Part I	a college or university owned or)	operated	by a gove	ernmenta	I unit de	scribed	IN				
6 🗌 A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(b)(1)(A)(v	').							
	on that normally receives a su ection 170(b)(1)(A)(vi). (Co	ubstantial part of its support from mplete Part II)	i a govern	mental un	nt or fron	n the ger	neral pu	blic				
8 A community 1	trust descnbed in section 17	0(b)(1)(A)(vi). (Complete Part II)									
		more than 33 1/3 % of its suppo										
		t functions-subject to certain e						fits				
		unrelated business taxable inco	•		11 tax) fr	om busi	nesses					
	5	1975 See section 509(a)(2). (•	-	-)/ <i>4</i>)							
<u> </u>	• •	clusively to test for public safety clusively for the benefit of, to pe		-		carry ou	t the					
•	•	d organizations described in sec				-		tion				
		e type of supporting organization										
a Type		c Type III–Functiona			d		e III-Oti	her				
e By checking th	his box, I certify that the organ	nization is not controlled directly	or indirect	ly by one	or more	disquair	fied					
persons other	than foundation managers a	nd other than one or more public	cly suppor	ted organ	zations	describe	d in sec	tion				
	ection 509(a)(2)											
		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
organization, o			(
5	· · ·	on accepted any gift or contributi	on from a	ny of the								
following pers		trois, either alone or together wi	th nerson	e describe	d in (ii)				Ye	s No		
	elow, the governing body of		ar person		.u iii (ii)				11g(i)			
• •	member of a person describe								11g(ii)			
())	ontrolled entity of a person de	••							11g(iii)			
h Provide the fo	ollowing information about the	e supported organization(s)										
(i) Name of supported	(ii) EIN	(iii) Type of organization		organization		rou notify		is the	(vli) Amount	of		
organization		(described on lines 19 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	support			
		(see instructions))			· · · ·	port?	· · · ·	S۶ L				
		· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No		<u> </u>		
										_		
Total												

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

				<u> </u>				-
Part II	Support Sche	dule for Organizations	s Described in	Sections 1		and 17	'0(b)(1)(A)	(vi)
	(Complete only	مطفله مادما ممامه بالمتعالم	was line E 7		1.1			

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

,

Sec	tion A. Public Support							
Ca	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	}	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		I.,					
	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	э 🛛	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc (see instructions)	1		1		12	
13	First five years. If the Form 990 is for the o		second third four	h or fifth tax year a	is a section 501(c)(3)		
10	organization, check this box and stop here			in, or intractory your c)		
Sec	tion C. Computation of Public Su		age	··				t_I
14	Public support percentage for 2009 (line 6,			(f))			14	%
15	Public support percentage from 2008 Sche		-	< <i>"</i>			15	%
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box		
	and stop here. The organization qualifies a							▶
ь	33 1/3 % support test-2008. If the organi		-	or 16a, and line 15	is 33 1/3 % or more	e, check this		
-	box and stop here. The organization qualif							▶
17a		• •	•••••		or 16b, and line 14	is 10% or		
	more, and if the organization meets the "fac							
	organization meets the "facts-and-circumst			-				▶□
b	10%-facts-and-circumstances test-200		• •		-	ne 15 is 10%	or	·
5	more, and if the organization meets the "fac							
	organization meets the "facts-and-circumst							
18	Private foundation. If the organization did					structions		· · · ·
								•

Schedule A (Form 990 or 990-EZ) 2009

	Form 990 or 990-EZ) 2009	INTERNA	TIONAL	UNION	OF	BRICKL	AYERS	22-2	518280	Page 3
Part III Support Schedule for Organizations Described in Section 509(a)(2)										
	(Complete only if you checked the box on line 9 of Part I.)									
Section A.	Section A. Public Support									
Calandarus	an Ina Ronal		0005	(1) 0000		4 3 0007	(() 0000	40 7 1 1

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Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				· - · · · · · · · · · · · · · · · · · ·		
c	Add lines 7a and 7b		1 1				_
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	E	±	F	1	1	
_	lendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)((3)	▶
Sec	tion C. Computation of Public Su		tage	<u></u>			<u> </u>
15	Public support percentage for 2009 (line 8,			(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2009 (In	ne 10c, column (f) o	divided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part II	l, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga						. –-
	17 is not more than 33 1/3 %, check this be	-	-				▶ [
b	33 1/3 % support tests—2008. If the orga						⊾ r=
	line 18 is not more than 33 1/3 %, check th		-				C -
<u>20</u>	Private foundation. If the organization did	not check a box of	n line 14, 19a, or 19	D, Check this box a	and see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2009

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	orm 990 or 990-EZ) 2009	INTERNATIONAL	UNION OF	BRICKLAYERS	22-2518280	Page 4	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;							
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.							

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
2009
Open to Public
Inspection

Employer identification number

II	of the organization NTERNATIONAL UNION OF BRICKLAYERS	Employer identification number						
	ASTERN MASS APPR & TRAIN FUND #1 Organizations Maintaining Donor Advised Fun		22-2518280					
rø	the organization answered "Yes" to Form 990, F	Part IV, line 6.	Jounio					
	,	(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 (dunng year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised						
·	funds are the organization's property, subject to the organization's exclus			Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in wa							
•	used only for chantable purposes and not for the benefit of the donor or d							
	purpose conferring impermissible private benefit?			Yes No				
Pa	It II Conservation Easements. Complete if the orga	nization answered "Yes" to Form §	90. Pa					
1	Purpose(s) of conservation easements held by the organization (check al							
•	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor	tant land	area				
	Protection of natural habitat	Preservation of certified historic stru						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	n					
-	easement on the last day of the tax year							
				Held at the End of the Tax Year				
-	Total number of conservation easements		2a					
a b	Total acreage restricted by conservation easements		2b					
~	Number of conservation easements on a certified historic structure include	led in (a)	2c					
с А	Number of conservation easements included in (c) acquired after 8/17/06		2d					
3	Number of conservation easements included in (c) acquired and or mode Number of conservation easements modified, transferred, released, extir							
3	the taxable year							
	Number of states where property subject to conservation easement is loc	cated >						
5	Does the organization have a written policy regarding the penodic monito							
J	violations, and enforcement of the conservation easements it holds?			Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	a conservation easements during the year						
0								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year						
'	Amount of expenses incurred in monitoring, inspecting, and emotoring co	iservation eacoments during the year						
•	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section						
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			🗌 Yes 🗌 No				
9	In Part XIV, describe how the organization reports conservation easement	ats in its revenue and expense statement an	d					
3	balance sheet, and include, if applicable, the text of the footnote to the or							
	the organization's accounting for conservation easements	J						
P	IT III Organizations Maintaining Collections of Art,	Historical Treasures. or Other Si	nilar A	ssets.				
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.						
12	If the organization elected, as permitted under SFAS 116, not to report in		orks of					
	art, historical treasures, or other similar assets held for public exhibition,) ,				
	provide, in Part XIV, the text of the footnote to its financial statements that							
ь	If the organization elected, as permitted under SFAS 116, to report in its		of art,					
	historical treasures, or other similar assets held for public exhibition, edu							
	provide the following amounts relating to these items							
	(i) Revenues included in Form 990, Part VIII, line 1		►	\$ <u> </u>				
	(ii) Assets included in Form 990, Part X		►	\$				
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the					
-	following amounts required to be reported under SFAS 116 relating to th							
а	Revenues included in Form 990, Part VIII, line 1		►	\$				
b			►	\$ _				
5	· · · · · · · · · · · · · · · · · · ·							

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Scheo	dule D (Form 990) 2009 · INTERNATIC	NAL UNION O	F BRICKLAYE	ERS 2	22-251	L8280			Page	e 2
Pa	rt III Organizations Maintaining (Collections of Art	Historical Treas	ures, or	Other Si	imilar As	sets (c	continu	ed)	
	Using the organization's acquisition, accession, collection items (check all that apply)									_
а	Public exhibition	d 🗌 Loar	n or exchange program	ıs						
b	Scholarly research	e 🗌 Othe								
c	Preservation for future generations									
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organiz	ation's exer	npt purpos	e in				
5	Dunng the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, h e maintained as part of t	nistorical treasures, or the organization's colle	other simila	r			Ye	s 🗌 I	<u>lo</u>
Pa	rt IV Escrow and Custodial Arran IV, line 9, or reported an amo	÷ .	-	ation ans	wered "Y	es" to Fc	orm 990), Part		
1a	Is the organization an agent, trustee, custodian	or other intermediary for	r contributions or other	assets not				—	-	
	included on Form 990, Part X?							Ye	s 🗌 M	10
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table.							-
								Amount		-
C	Beginning balance					1c				-
d	Additions dunng the year					1d				-
9	Distributions during the year					10		·····		-
f	Ending balance					1f				-
	Did the organization include an amount on Form	1 990, Part X, line 21?						∐ Ye	s 🗌 I	lo
	If "Yes," explain the arrangement in Part XIV					<u> </u>				_
Pa	rt V Endowment Funds. Comple									<u> </u>
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three yea	ars back	(e) Four	years bad	<u>*</u>
1a	Beginning of year balance	······		ļ						
b	Contributions							<u></u>		
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships			ļ						
θ	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year er	nd balance held as								
а	Board designated or quasi-endowment >	%								
b	Permanent endowment									
с	Term endowment 🕨 %									
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	istered for th	пе			-		
	organization by								Yes N	<u>lo</u>
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations is	sted as required on Sch	edule R?					3b		
4	Describe in Part XIV the intended uses of the or									
Pa	rt VI Investments—Land, Buildir			0, Part X,	line 10.					
	Description of investment	(a) Cost or other basis	s (b) Cost or ot	ther	(c) Accu	umulated		(d) Book	value	
		(investment)	basis (other	r)	depre	ciation				
1a	Land		80	,500					30,50	<u>)0</u>
	Buildings		1,345	5,362	5	525,91	5	8	19,44	<u>17</u>
	Leasehold improvements									
	Equipment		52	,374		42,98	2		9,39	<u>}2</u>
	Other									
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, co	lumn (B), line 10(c)))		9)9,3:	39

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

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Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 INTERNATIONAL U Part VII Investments—Other Securities. See	NION OF BRICKLAYERS	22-2518280	Page
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(a) Description of security of category (including name of security)		Cost or end-of-year market value	
			<u> </u>
inancial denvatives			
Closely-held equity interests			
other			
		· · · ·	
·			
·			
		· · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	Form 000 Port V line 12	<u> </u>	
Part VIII Investments—Program Related. See (a) Description of Investment type		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
· · · · · · · · · · · · · · · · ·			
·· _····		· · · ···	
· · · · · · · · · · · · · · · · · · ·			
······			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,	line 15		
	Description	(b) Book val	ue
,,,	······		
	·····		
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Par			
(a) Description of liability	(b) Amount		
ederal income taxes	(1	
		1	
		1	
		1	
		_k	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2 FIN 48 Ecotrote In Part XIV provide the text of the footnote to the	ornanization's financ	al statements that report

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

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		518280	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		573,580
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	573,719
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-139
4	Net unrealized gains (losses) on investments	4	
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	120
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<u> 10 </u>	-139
	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		E72 E00
1	Total revenue, gains, and other support per audited financial statements		573,580
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
θ	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	573,580
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C		4c	572 500
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		573,580
	Int XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		E72 710
1	Total expenses and losses per audited financial statements		573,719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b			
C	Other losses 2c		
d	Other (Describe in Part XIV)		
0	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	573,719
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)		
C	Add lines 4a and 4b	4c	592 910
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		573,719
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet	9	
this p	part to provide any additional information		

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 Part XIV Supplement	. INTERNATIONAL	UNION OF	BRICKLAYERS	22-2518280	Page 5
Part XIV Supplement	ntal Information (contin	nued)			
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SCI	HEDULE E		Schools	OMB No	1545-	0047
	m 990 or 990-EZ)		Complete if the organization answered "Yes" to Form 990, Part iV, line 13,	20	00)
Dena	rtment of the Treasury		or Form 990-EZ, Part VI, line 48.	Open		
	rtment of the Treasury al Revenue Service		Attach to Form 990 or Form 990-EZ.	Inspe	ction	
Name	e of the organization		TERNATIONAL UNION OF BRICKLAYERSEmployer identiSTERN MASS APPR & TRAIN FUND22-25182		ıber	
		<u>EA</u>	SIERN MASS APPR & IRAIN FUND 22-25162	400	YES	NO
1			nave a racially nondiscriminatory policy toward students by statement in its charter, g instrument, or in a resolution of its governing body?	1	x	
2		gues,	nclude a statement of its racially nondiscriminatory policy toward students in all its and other wntten communications with the public dealing with student admissions, ships?	2	x	
3	dunng the penod of in a way that make describe. If "No," p	of soli es the please	ublicized its racially nondiscriminatory policy through newspaper or broadcast media icitation for students, or during the registration penod if it has no solicitation program, e policy known to all parts of the general community it serves? If "Yes," please e explain If you need more space, use Schedule O (Form 990) BROCHURES	3	x	
4	Does the organiza	ition r	naintain the following?			
а	Records indicating	g the	racial composition of the student body, faculty, and administrative staff?	4a	X	
b			hat scholarships and other financial assistance are awarded on a racially	46	x	
c		ogue	s, brochures, announcements, and other written communications to the public dealing s, programs, and scholarships?	40	x	1
d			sed by the organization or on its behalf to solicit contributions?	4d	X	1
	If you answered "f (Form 990)	No" to	any of the above, please explain If you need more space, use Schedule O			
5	Does the organiza	ation	discriminate by race in any way with respect to			Į
а	Students' rights or		• • • •	5a		x
b	Admissions policie	es?		<u>5b</u>		X
c	Employment of fac	culty	or administrative staff?	<u>5c</u>		x
d	Scholarships or of	ther fi	nancial assistance?	<u>5d</u>		x
0	Educational polici	es?		50		x
f	Use of facilities?			_5f		x
g	Athletic programs	?	·	<u>5g</u>		x
h	Other extracurricu If you answered "` (Form 990).		ctivities? to any of the above, please explain If you need more space, use Schedule O	<u>5h</u>		x
6a	0		receive any financial aid or assistance from a governmental agency?	<u>6a</u>		X
b	U		right to such aid ever been revoked or suspended?	6b		X
7	Does the organiza	ation	to either line 6a or line 6b, explain on Schedule O (Form 990) certify that it has complied with the applicable requirements of sections 4 01 through 4 05 175-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O	7	x	
					_	

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

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		Compensation Information For certain Officers, Directors, Trustees, Key Employed				
(For	n 990)	Compensated Employees		-20)09	•
		Complete if the organization answered "Yes" to	o Form 990,	Open	To Pu	blic
	tment of the Treasury al Revenue Service	Part IV, line 23. ► Attach to Form 990. ► See separate instruc	ctions.	•	ectio	
		INTERNATIONAL UNION OF BRICKLAYERS	Employer identificat		her	
		EASTERN MASS APPR & TRAIN FUND	22-251828			
Pa		ns Regarding Compensation				
					Yes	No
1a	Check the appropnate	box(es) if the organization provided any of the following to or for a person li	isted in Form			l
	990, Part VII, Section	A, line 1a Complete Part III to provide any relevant information regarding th	nese items			
	First-class or char	ter travel Housing allowance or reside	ence for personal use			
	Travel for compar	nions Payments for business use of	of personal residence			
	H	on and gross-up payments Health or social club dues or				
	Discretionary spe	nding account Personal services (e.g., mai	d, chauffeur, chef)			
b	•	line 1a is checked, did the organization follow a written policy regarding pay		ł		ŧ
		provision of all of the expenses described above? If "No," complete Part III to	D			
2	explain	equire substantiation prior to reimbursing or allowing expenses incurred by a	all	<u>1b</u>		<u> </u>
-	•	stees, and the CEO/Executive Director, regarding the items checked in line		2		
				-		
3	Indicate which, if any,	of the following the organization uses to establish the compensation of the				l
	-	kecutive Director. Check all that apply.				
	Compensation co	mmittee Written employment contrac	t			l
	Independent com	pensation consultant Compensation survey or stu	ıdy			
	Form 990 of other	r organizations X Approval by the board or cor	mpensation committee			
4		ny person listed in Form 990, Part VII, Section A, line 1a, with respect to the	e filing			l
	organization or a relat	-				
a		payment or change-of-control payment?		4a		X X
b		ve payment from, a supplemental nonqualified retirement plan?		4b 4c		X
С	•	ve payment from, an equity-based compensation arrangement? 4a-c, list the persons and provide the applicable amounts for each item in l	Bart III	40		^
	in res to any or intes					l
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.				
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	y			ŧ
	compensation conting	ent on the revenues of				I
а	The organization?			5a		X
Ь	Any related organizati	on?		5b		X
	If "Yes" to line 5a or 5	b, descnbe in Part III				l
6	For persons listed in F	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	у			ŧ
	compensation conting	ent on the net earnings of				ŧ
а	The organization?			6a		X
b	Any related organizati			<u>6b</u>	ļ	X
-	If "Yes" to line 6a or 6		E d			ŧ
7	•	Form 990, Part VII, Section A, line 1a, did the organization provide any non-f	nxea	-		- v
•		ed in lines 5 and 6? If "Yes," describe in Part III	-	7	<u> </u>	X
8	-	ported in Form 990, Part VII, paid or accrued pursuant to a contract that was				
	in Part III	ontract exception described in Regs section 53.4958-4(a)(3)? If "Yes," desc		8		x
٩		he organization also follow the rebuttable presumption procedure described	IN		1	
•	Regulations section 5			9		
		x=/ x=				<u> </u>

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

Schedule J (Form 990) 2009

(Form (IND	ON OF BRIG	ICKLAYERS	22-2518280	80 s Itea Schadula	1-1 if additional	CKLAYERS 22-2518280	Page 2	2
Part # Officers, Directors, Irustees, hey Employees, and high		oyees, and ni	Buest compens		s. Use ouriennie		share is licened	_	1
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	ted on	. J, report compen Form 990, Part V	isation from the orgai	nization on row (i) an	d from related organiz	ations, descnbed in t	the		
Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, tine 1a	nmuloc	(D) or column (E)) amounts on Form 9	90, Part VII, line 1a					ı
		UMO	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(I)(B)	reported in prior Form 990 or - Form 990-EZ	
ROBERT MOTTOLO	88	91,462 0	0 0	00	0 0	58,961 0	150,423		0 0
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Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009 INTERNATIONAL Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

Schedule J (Form 990) 2009

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questic Form 990 or to provide any additional information. Attach to Form 990.		OMB No 1545-0047 2009 Open to Public inspection
Name of the organization	INTERNATIONAL UNION OF BRICKLAYERS	Employer identifi	
	EASTERN MASS APPR & TRAIN FUND	22-25182	80

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Reviewed by the Board of Trustees.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Reviewed and determined by the Board of Trustees

Form 990, Part VI, Line 15b - Compensation Process for Officers Reviewed and determined by the Board of Trustees

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon Request

SCHEDULE R		il had so the second	indiated Database			OMB No 1545-0047
(Form 990)			ireiateu Fartifei ?	Silips 24.35.35.27		2009
Department of the Treasury	Complete it the organization answered lifes to Form 930. See separate instructions.	Form 990.	See separate instructions.	5. 00, 00, 00 01.		Open to Public
Internal Revenue Service	TATTERNATIONAL INTON OF BLUELAVEDS				Employer	Emolouer identification number
Name of the organization	TRA				22-2518280	dentinication number .8280
Part I Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ganization answere	d "Yes" to Form 99	0, Part IV, line 33.)		
Ź	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling - entity .
Part II Identific had one	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.)	omplete if the organ the tax year.)	ization answered "	res" to Form 990, F	art IV, line 34 beca	iuse it
ž	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(C) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Massachsetts Brickl 645 Morrissey Blvd. Boston	Bricklayers & Masons r Blvd. MA 02122	Ben. Fund	WA	501 (a)		N/A
Massachsetts Brickl 645 Morrissey Blvd.	ayers & l					
Boston Massachsetts B:	MA UZIZZ ayers & Masons	ben. runa	4u	(B) TUC		N/A
645 Morrissey Blvd. Boston	Blvd. 04-6375393 04-6375393 MA 02122	Ben. Fund	MA	501(a)		N/A
Bricklayers & 1 550 Medford St:	& Allied Craftsmen Street 04-3208681					•
		Lab. Union	MA	501 (c)		N/A
Bricklayers & l 550 Medford St:	& Masons Local 3 Street 23-7356006					
Charlestown	MA 02129	RE Hold	MA	501 (c)		N/A
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 99	990.			Schee	Schedule R (Form 990) 2009

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(a) (b) (c) (d) (e) (f) (f) (g) (h) (h) (h) (h) Name, address, and ElN of related organization Pinmary activity Legal Direct controlling Predominant moome (related, uncelleted, tax under Share of total income Share of end-of-year Dispo- alloc 7 Code VUBI Name, address, and ElN of related organization (state or (state or foregin entity uncelleted, uncelleted, tax under Share of total income sasets portionate amount in box 20 of alloc 7 Schedule K-1 Name, address, and ElN of ElN of entity uncelleted, uncelleted, sasets sasets portionate alloc 7 Schedule K-1 Interst of total income sasets sasets sasets portionate alloc 7 Schedule K-1 Interst of total income sasets sasets sasets portionate alloc 7 (form 1055) Interst of total income Schedule K-1 its x under sasets portionate form 1055) Interst of total income Schedule K-1 its x under sasets portionate form 1055) Interst of total income	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV	(f) (g) (c) (d) (e) (f) (g) Legal domicle Direct controlling Type of entity Share of total income Share of total income (state or entity (C corp. S corp. S corp. or trust) or trust) reign country) or trust) or trust) or trust) or trust) or trust)
(c) (d) Legal Direct controlling domicile entity (state or foreign country)	Corporation or Tru	IS Treated as a corp (c) (state or foreign country)
Pmmary activity Le don (sta for cou	uns Taxable as a	Pinmary activity
(a) Name, address, and EIN of related organization	Identification of Related Organizatic	IIne 34 because it had one of more related organizations t (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

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Schedule R (Form 990) 2009 INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)	', line 34, 35, or 36.)	
		<u> </u>
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Drived the tex year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
_		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		,
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		1e
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
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 Shanng of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
 Other transfer of cash or property to other organization(s) 		1q X
		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ion thresholds	
	(b) Transaction	(c) Amoint involved
	type (a-r)	
(1)		
(2)		
(3)		
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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

) ral or iging ier?	No.		:					.	•	6000
(h) General or managing partner?	Yes	•								rm 990)
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)										Schedule R (Form 990) 2009
(f) Disproportionate allocations?	No		-		_					
(f) Dispropo allocat	Yes									
(e) Share of end-of-year assets										
) artners on)(3) attons?	No									
(d) Are all partners section 501(c)(3) organizations ²	Yes									
(c) Legal domicile (state or foreign country)										
(b) Pnmary activity										
(a) Name, address, and EIN of entity										

	Continuation Sheet for Schedule R (Form 990)	hedule R (Form	(066 u		OMB No 1545-0047
(Form 990)	Attach to Form 990 to list additional information for Schedule R	al information for Sche	dule R		2009
Department of the Treasury (Form !	(Form 990), Part I; Part II; Part IV; Part V, line 2; or Part VI. See instructions for Schedule R (Form 990).	rt IV; Part V, line 2; or P nedule R (Form 990).	art VI.		Open to Public Inspection
n INTERNATIONAL UNION OF EASTERN MASS APPR & TRA	BRICKLAYERS IN FUND		Employer identificatio 22-2518280	Employer identification number 22 - 2518280	
ו of Disregarded Ent	ities				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	1 1				
	1 1				

Num. address. and RN of related organization Emergations Paramy actions Paramy actions Public releases Public releases	Schedule R-1 (Form 990) 2009 INTERNATIONAL UNION OF BRICKLARATERS		0070TC7-77			rage z
Industry Nat SO1(c) N/A Industry No 301 SO1(c) N/A Industry No SO1(c) N/A N/A Industry Industry SO1(c) N/A N/A Industry Industry Industry SO1(c) N/A Industry Industry Industry Industry Industry Industry Industry	Ì	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
. .	ustry Fair Wage	Lab. Union		501(c)		N/A
						•
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Schedule R-1 (Form 990) 2009 INTERNATIONAL UNION OF BRICKLAYERS	UNION OF	BRIC	Truchlo of Bodrowhin	22-2518280	280				Page 3
(b) (c) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) Primary activity	(c) (c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount on box 20 of K-1	(j) General or managing partner?
		country)		sections 512-514)			Yes No		Yes No
									•
									•
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Schedule R-1 (Form 990) 2009 INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

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(a)	4						9
	(n)	3				(8)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp. S corp. or trust)	Share of total moome	Share of end-of-year assets	Percentage ownership
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INTERNATIONAL UNION OF BRICKLAYERS 22-2518280

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suizations (Schadula P (Earm 000) Dart V line 2) o With Bolotod Or ofio. i H Schedule R-1 (Form 990) 2009

Part V	Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		
	(a)	(q)	(c)
	Name of other organization	Transaction type (a1)	Amount involved
6			
(8)			ſ
6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			•
DAA		Schee	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009 INTERNATIONAL UNION OF BRI Part Vi Continuation of Unrelated Organizations Taxable as a	PRICKLAYERS		22-2518280	0				Ра	Page 6
(a)	(q)	(c)	(p)	(9)	£	(6)		ઉ	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	ate Code V—UBI amount on box 20 of K-1	-UBI n box 4-1	General or managing partner?	ہ ق د ا
			Yes No		Yes No			Yes	; 0 0
								•	
									•
									. •
DAA						Schee	Schedule R-1 (Form 990) 2009	orm 990)	2009

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BRCK3TRAIN INTERNATION 22-2518280 FYE: 12/31/2009	AL UNION OF BRICKL	AYERS ements		10/8/2	010 3:37 PM
	Taxable Interest on	Investments			
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST	\$ 49,442		14		
Total	\$49,442				
			ı		
			·		

	• •	•	
10/8/2010 3:37 PM	Fund Raising	v v	
	Management & General		
itements	f - All Other Expenses Program Service	\$ 7,041 3,419 1,000 \$ 11,640 \$	
N OF BRICKLAYERS Federal St a	Form 990, Part IX, Line 24f - All Other Expenses Total Program Expenses Service	\$7,041 3,419 1,000 \$ <u>11,640</u>	
BRCK3TRAIN INTERNATIONAL UNION OF BRICKLAYERS 22-2518280 FYE: 12/31/2009	Description	REPAIRS & MAINTENANCE TELEPHONE DONATIONS STIPENDS Total	

BRCK3TRAIN (• • • • • • • • • • • • • • • • • • •	·					
Form 8868 (Rev April 2009)		• Application for Extension of Time To File an Exempt Organization Return				OMB No 1545-1709	
Department of the Treasury Internal Revenue Service File a separate application for each return.							
If you areIf you are	filing for an Automa filing for an Additio lete Part II unless	nal (Not Automatic) 3-Mont	mplete only Part I and check this box th Extension, complete only Part II (on page 2 of this for ed an automatic 3-month extension on a previously filed Fo Fime. Only submit original (no copies needed	rm 8868.			
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of							
Electronic Fil one of the retu electronically i returns, or a c	irns noted below (6 f (1) you want the a omposite or consoli	months for a corporation required ditional (not automatic) 3-months dated Form 990-T. Instead, y	Form 8868 if you want a 3-month automatic extension of t uired to file Form 990-T) However, you cannot file Form 8 onth extension or (2) you file Forms 990-BL, 6069, or 8870 you must submit the fully completed and signed page 2 (Pa www irs gov/efile and click on e-file for Charities & Nonpro	368 , group rt II) of For	m		
Type or print	Name of Exempt	Organization	BRICKLAYERS	Employ	er identi	fication number	
File by the		EASTERN MASS APPR & TRAIN FUND 22-25				18280	
due date for filing your		rreet, and room or suite no If a P O box, see instructions EDFORD STREET					
return See SSO FREDFORD STREET instructions City, town or post office, state, and ZIP code For a foreign address, see instructions CHARLESTOWN MA 02129							
Check type of return to be filed (file a separate application for each return) Form 990-T (corporation) X Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 1041-A						Form 4720 Form 5227 Form 6069 Form 8870	
Telephone If the orga If this is fo for the whole g a list with the r	r a Group Return, e roup, check this bo names and EINs of	242 - 5500 ave an office or place of busin inter the organization's four di x \blacktriangleright if it is for all members the extension with	FAX No ► ness in the United States, check this box igit Group Exemption Number (GEN) r part of the group, check this box ► and ill cover	If this is attach		▶ []	
until 0 for the o ▶ X		o file the exempt organization for	ion required to file Form 990-T) extension of time a return for the organization named above. The extension is ing				
2 If this ta:	x year is for less tha	an 12 months, check reason	Initial return Final return Change	in account	ting perio	od	
less any	nonrefundable cred	dits See instructions	20, or 6069, enter the tentative tax,	<u>3a</u>	\$		
payment	s made Include an	y prior year overpayment allo		<u>3b</u>	\$		
depositiv		-	6 (Electronic Federal Tax Payment	3c	s		
	are going to make	an electronic fund withdrawa	al with this Form 8868, see Form 8453-EO and Form 8879		<u> </u>		
		Reduction Act Notice, see	Instructions.		Fo	orm 8868 (Rev 4-2009)	

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Form 8868 (R	ev 4-2009)		Page 2					
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		► X					
	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 880	88						
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	conies	needed)					
Type or								
print	INTERNATIONAL UNION OF BRICKLAYERS	Employer identification number						
File by the		22-2518280						
extended			use only					
due date for	550 MEDFORD STREET		use only					
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see instructions		·····					
	CHARLESTOWN MA 02129							
	f return to be filed (File a separate application for each return)		_					
X Form 99	0 Form 990-PF Grow 1041-A		Form 6069					
Form 99	0-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		📙 Form 8870					
Form 99	0-EZ Form 990-T (trust other than above) Form 5227							
STOP! Do not	complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 8	868.					
The books	are in the care of RICHARD FORCIONE							
Telephone	No ▶ 617-242-5500 FAX No ▶							
• If the orga	nization does not have an office or place of business in the United States, check this box							
If this is for	r a Group Return, enter the organization's four digit Group Exemption Number (GEN)	IS						
		d attach	а					
list with the nai	mes and EINs of all members the extension is for							
4 I reques	t an additional 3-month extension of time until 11/15/10		····					
•	calendar year 2009, or other tax year beginning , and ending .							
	k year is for less than 12 months, check reason. I Initial return I Final return Change in accounting period							
	detail why you need the extension							
	Additional time requested to file accurate return.							
8a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
•	nonrefundable credits. See instructions	8a	\$					
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	-						
	d tax payments made Include any prior year overpayment allowed as a credit and any							
	paid previously with Form 8868	8b	\$					
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	1						
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$					
	Signature and Verification							
Under genalves		nowledae	and belief.					
it is true, correct,	They (Iv), A declared that Have examined this form, including accompanying schedules and statements, and to the best of my k and the statements and to the best of my k							
Signature	A TILE CRA AVDITUB		Date > 07/27/10					
			Form 8868 (Rev 4-2009)					