









A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOCAL 36-INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS		D Employer identification number 35-2219456
Address change		Number and street (or P. O. box, if mail is not delivered to street address) 595 BLOSSOM ROAD No 303		E Telephone number (585) 654-5812
Name change		Room/suite		
Initial return		City or town, state or country, and ZIP + 4 ROCHESTER, NY 14610		F Group Exemption Number
Terminated				
Amended return				
Application pending				

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ ibew local36@frontiernet.net		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(5) ◀ (Insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 315,324			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	2,200
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	310,402
	4	Investment income						4	
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 							
	a	Gross revenue (not including \$ _of contributions reported on line 1)				6a		6c	
	b	Less direct expenses other than fundraising expenses				6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c		
	7a	Gross sales of inventory, less returns and allowances				7a		7c	
b	Less cost of goods sold				7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c			
8	Other revenue (describe )						8	2,722	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 						9	315,324	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	131,025
	13	Professional fees and other payments to independent contractors						13	8,855
	14	Occupancy, rent, utilities, and maintenance						14	17,278
	15	Printing, publications, postage, and shipping						15	11,686
	16	Other expenses (describe )						16	199,996
	17	Total expenses. Add lines 10 through 16 						17	368,840
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-53,516
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	146,491
	20	Other changes in net assets or fund balances (attach explanation)						20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 						21	92,975

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	144,490	22 93,261
23 Land and buildings		23
24 Other assets (describe )	9,138	24 7,199
25 Total assets	153,628	25 100,460
26 Total liabilities (describe )	7,137	26 7,485
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	146,491	27 92,975

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROTECT AND PROMOTE LABOR INTERESTS IN CONNECTION WITH EMPLOYMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 ORGANIZE ELECTRICAL WORKERS TO PROMOTE REASONABLE METHODS OF WORK, SECURE EMPLOYMENT, REDUCE HOURS OF DAILY LABOR, SECURE ADEQUATE PAY, SEEK A HIGHER STANDARD OF LIVING AND SECURITY FOR THE INDIVIDUAL (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 TO SETTLE ALL DISPUTES BETWEEN EMPLOYERS AND EMPLOYEES BY ARBITRATION, IF POSSIBLE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	0
30 TO CULTIVATE FEELINGS OF FRIENDSHIP AMONG THOSE OF OUR INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	0
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
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 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	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 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ RICHARD D IRISH Telephone no ▶ (585) 654-5812 595 BLOSSOM ROAD SUITE 303 Located at ▶ ROCHESTER, NY ZIP + 4 ▶ 14610		
b	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.	42b	No
c	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 ▶	42c	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	CLARK & KOLLER CPAs			
	1325 UNION ROAD			
W SENECA, NY 14224			Phone no	(716) 674-4459
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 35-2219456
Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD D IRISH 224 YORKSHIRE RD ROCHESTER,NY 14609	PRESIDENT/BUS MGR 28 00	46,696	0	0
GEORGE BAKER 649 HOLT ROAD WEBSTER,NY 14580	TREASURER 1 50	2,599	0	0
MARK INTERLICHIA 7799 BROWN RD WOLCOTT,NY 14590	REC SECTY 1 50	3,887	0	0
MIKE CONWAY 2276 MICHIGAN AVE LIMA,NY 14485	VICE PRESIDENT 5 00	10,348	0	0
JUDY GALLIPEAU 1333 LONG POND ROAD ROCHESTER,NY 14626	BUSINESS REP 20 00	38,222	1,523	0
DAVID PFLEGING 18 VINCENT PLACE PITTSFORD,NY 14534	BUSINESS REP 0 30	466	0	0
DANA MEHLENBACHER 8840 CREEK ROAD NUNDA,NY 14517	BUSINESS REP 0 50	329	0	0
COLIN WALKER 171 MEADOW DR ROCHESTER,NY 14602	BUSINESS REP 0 30	866	0	0
MARK RANDOLPH 107 INDIANA STREET ROCHESTER,NY 14609	ASST BUS MGR 1 00	2,660	0	0
CRAIG RODE 4697 GRADY RD MIDDLESEX,NY 14507	ASST BUS MGR /EX BOARD 6 00	10,424	0	0
GARY ANDOLINA 7195 MEADOWVIEW DRIVE LIMA,NY 14485	EX BOARD 0 50	866	0	0
STEPHEN ATTRIDGE PO BOX 141 WALWORTH,NY 14568	EX BOARD 0 50	651	0	0
JEFF HAGADORN 235 HUMPHREY RD SCOTTSVILLE,NY 14546	EX BOARD 0 50	913	0	0
JOE KOLB 5984 LINCOLN RD ONTARIO,NY 14519	EX BOARD 2 00	1,803	0	0
KEVIN CAHILL 691 SHADOWWOOD LANE WEBSTER,NY 14580	EX BOARD 0 50	885	0	0
DOUGLAS SHUTTER 16 FARMINGHAM DRIVE PENFIELD,NY 14526	EX BOARD 0 50	884	0	0
ROBERT KNOTOWICZ 4 POUND RIDGE CIRCLE CHURCHVILLE,NY 14428	EX BOARD 0 50	144	0	0

TY 2009 Other Assets Schedule

Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS

EIN: 35-2219456

Description	Beginning of Year Amount	End of Year Amount
ORGANIZATION EXPENSE, NET OF AMORTIZATION	86	0
DEPOSIT	1,700	1,700
PREPAID EXPENSES	2,466	1,963
Other Depreciable Assets	4,886	3,536

TY 2009 Other Expenses Schedule

Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS

EIN: 35-2219456

Description	Amount
PAYROLL TAXES	11,609
TRAVEL & BUSINESS EXPENSES	14,251
INSURANCE	1,926
ARBITRATION & NEGOTIATION	102,445
PER CAPITA DUES	61,332
MEETINGS & SEMINARS	140
PROMOTIONAL ACTIVITIES	4,682
CHARITABLE CONTRIBUTIONS	3,525
AMORTIZATION	86

TY 2009 Other Liabilities Schedule

Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS

EIN: 35-2219456

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	4,753	4,776
ACCRUED PAYROLL & TAXES	2,384	2,709

TY 2009 Other Revenues Schedule

Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS
EIN: 35-2219456

Description	Amount
INTEREST	2,178
HATS & T-SHIRTS REIMBURSEMENT	544

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: LOCAL 36-INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS

EIN: 35-2219456

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.