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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: INTERNATIONAL ASSN OF BRIDGE STRUCTURAL ORNAMENTAL AND REINFORCING IRON WORKERS. Address: 1750 NEW YORK AVE NW, WASHINGTON, DC 200065301

D Employer identification number: 43-0337330. E Telephone number: (202) 383-4800. F Accounting method: Other (specify) MOD CASH

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW IRONWORKERS COM

J Organization type (check only one): 501(c) (5)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 97,506,288

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-29, 30-42, 43a-43g, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [ ] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶</b> SINCE 1896, THE INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS HAS SERVED AS THE LABOR ORGANIZATION FOR VARIOUS SEGMENTS OF THE IRONWORKING INDUSTRY THROUGHOUT THE UNITED STATES OF AMERICA AND CANADA</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> SERVED AS THE BARGAINING REPRESENTATIVE FOR LABORERS IN THE IRONWORKING INDUSTRY -- ORGANIZED WORKERS, NEGOTIATED BETTER WAGES AND BENEFITS, PROMOTED FAIR LABOR STANDARDS AND PRACTICES, TRAINED WORKERS TO MEET EMPLOYER NEEDS AND TO ADVANCE THEIR OWN SKILLS, AND DEVELOPED ENHANCEMENTS IN WORKPLACE SAFETY AND EFFICIENCY</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	178,052	<b>45</b>	116,287	
	<b>46</b> Savings and temporary cash investments . . . . .	9,982,256	<b>46</b>	19,494,156	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .	0	<b>53</b>	0	
	<b>54a</b> Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	69,887,823	<b>54a</b>	64,291,809	
	<b>b</b> Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	6,189,151	<b>54b</b>	9,100,703	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 6,632,610			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 3,273,510	3,997,797	<b>57c</b> 3,359,100	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		3,445,668	<b>58</b> <input checked="" type="checkbox"/>	3,631,310	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		93,680,747	<b>59</b>	99,993,365	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>		
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		3,157,404	<b>64b</b> <input checked="" type="checkbox"/>	2,512,096
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		2,766	<b>65</b> <input checked="" type="checkbox"/>	2,172
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		3,160,170	<b>66</b>	2,514,268	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted . . . . .	90,520,577	<b>67</b>	97,479,097	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>		
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		90,520,577	<b>73</b>	97,479,097
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		93,680,747	<b>74</b>	99,993,365





Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed DC
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 106

91a The books are in care of EDWARD C MCHUGH Telephone no (202) 383-4830
1750 NEW YORK AVE NW STE 400
Located at WASHINGTON, DC ZIP + 4 200065301

91b 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



Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

<b>Please Sign Here</b>	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 _____ JOSEPH J HUNT INTERNATIONAL PRESIDENT Type or print name and title	2008-11-17 Date

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BOND BEEBE PC 4600 EAST-WEST HWY STE 900 BETHESDA, MD 208143423			EIN _____ Phone no (301) 272-6000

**Additional Data****Software ID:****Software Version:****EIN:** 43-0337330**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> AFFILIATION DUES & FEES	<b>43a</b>	1,953,192			
<b>b</b> COMMUNITY ACTIVITIES	<b>43b</b>	207,216			
<b>c</b> DATA PROCESSING FEES	<b>43c</b>	739,010			
<b>d</b> DISTRICT COUNCIL & LOCAL UNION	<b>43d</b>	148,784			
<b>e</b> DUES & FEES	<b>43e</b>	62,050			
<b>f</b> EDUCATION & SPECIAL PROGRAMS	<b>43f</b>	60,000			
<b>g</b> INSURANCE & BONDING	<b>43g</b>	280,885			
<b>h</b> LABOR ORGANIZING EXPENSES	<b>43h</b>	2,793,420			
<b>i</b> MISCELLANEOUS	<b>43i</b>	830,664			
<b>j</b> OFFICE EXPENSE - CANADA	<b>43j</b>	46,947			
<b>k</b> OFFICE EXPENSE - ILLINOIS	<b>43k</b>	19,710			
<b>l</b> PAYROLL PROCESSING FEES	<b>43l</b>	32,427			
<b>m</b> PROFESSIONAL FEES - ACTUARY	<b>43m</b>	32,000			
<b>n</b> PROFESSIONAL FEES - CONSULTING	<b>43n</b>	325,366			
<b>o</b> PROFESSIONAL FEES - CUSTODIAN	<b>43o</b>	19,839			
<b>p</b> PROFESSIONAL FEES - INVESTMENT	<b>43p</b>	404,588			
<b>q</b> TEMPORARY HELP	<b>43q</b>	45,918			

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JOSEPH J HUNT 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	GENERAL PRESIDENT 40 0	311,981	40,993	27,527
WALTER W WISE CURRENT 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	GENERAL SECRETARY 40 0	223,301	40,394	13,037
MICHAEL A FITZPATRICK FORMER 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	GENERAL SECRETARY 40 0	256,131	28,956	19,514
EDWARD C MCHUGH 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	GENERAL TREASURER 40 0	179,174	35,081	859
GORDON T STRUSS CURRENT 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	1ST GENERAL VICE PRESIDENT 40 0	194,674	19,420	559
ROBERT J SPILLER FORMER 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	1ST GENERAL VICE PRESIDENT 40 0	184,274	28,200	859
GEORGE E KRATZER 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	2ND GENERAL VICE PRESIDENT 40 0	189,474	24,620	559
RICHARD J WARD 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	3RD GENERAL VICE PRESIDENT 40 0	194,674	19,420	859
FRED B MARR 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	4TH GENERAL VICE PRESIDENT 40 0	189,474	24,620	859
EDWARD J WALSH 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	5TH GENERAL VICE PRESIDENT 40 0	179,174	34,920	559

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JAY HURLEY 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	6TH GENERAL VICE PRESIDENT 40 0	194,674	19,420	299
JOSEPH STANDLEY 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	7TH GENERAL VICE PRESIDENT 40 0	194,674	19,420	859
TADAS W KICIELINSKI SR 1750 NEW YORK AVE NW STE 400 WASHINGTON,DC 200065301	8TH GENERAL VICE PRESIDENT 40 0	174,174	39,920	906

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
IRON WORKERS DISASTER RELIEF FUND	X	
IRONWORKERS MANAGEMENT PROGRESSIVE ACTION COOPERATIVE TR	X	
IRONWORKERS POLITICAL ACTION LEAGU	X	
IRONWORKERS POLITICAL EDUCATION FU	X	
JOHN H LYONS SR SCHOLARSHIP FOUNDATION	X	

**TY 2007 Cash Grants Paid Schedule**

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Class of Activity	Recipient's name	Address	Amount	Relationship
	IRONWORKERS POLITICAL EDUCATION FOU	1750 NEW YORK AVE NW STE 400 WASHINGTON, DC 200065301	300,000	N/A

## TY 2007 Investments - Securities Schedule

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Description	Book Value	Cost/FMV
AFL-CIO HOUSING INVESTMENT - OTHER		
TRUST, A REGISTERED - OTHER		
INVESTMENT COMPANY, - OTHER		
1,154.677 UNITS - OTHER	1,223,520	C
PALLADIAN CAPITAL PARTNERS - OTHER		
FUND, LLC, A PRIVATE - OTHER		
INVESTMENT COMPANY - OTHER	1,881,041	C
UNION LABOR LIFE INSURANCE - OTHER		
STOCK - 132,410.980 SHARES - OTHER	3,224,142	C
UNION LABOR LIFE INSURANCE - OTHER		
GUARANTEED INVESTMENT - OTHER		
CONTRACT - OTHER	2,772,000	C



## TY 2007 Member Benefits Schedule

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Type of Benefit	Amount
DEATH, SICKNESS, HOSPITALIZATION, DISABILITY	2,926,858
OTHER BENEFITS - PENSION	779

## TY 2007 Mortgages and Notes Payable Schedule

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

**Total Mortgage Amount:** 2512096

<b>Item No.</b>	1
<b>Lender's Name</b>	LINDSAY CADILLAC COMPANY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	0
<b>Date of Note</b>	2004-08
<b>Maturity Date</b>	2009-09
<b>Repayment Terms</b>	60 MONTHLY PAYMENTS
<b>Interest Rate</b>	5.699
<b>Security Provided by Borrower</b>	2005 CADILLAC DEVILLE
<b>Purpose of Loan</b>	PURCHASE AUTOMOBILE
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	WACHOVIA BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	2512096
<b>Date of Note</b>	2005-04
<b>Maturity Date</b>	2012-04
<b>Repayment Terms</b>	MONTHLY
<b>Interest Rate</b>	5.01
<b>Security Provided by Borrower</b>	MARKETABLE SECURITIES
<b>Purpose of Loan</b>	CONSTRUCTION/RENOVATION
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2007 Other Assets Schedule**

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Description	Beginning of Year Amount	End of Year Amount
EQUITY IN UNITED UNIONS, INC.	3,440,453	3,625,618
MISCELLANEOUS ASSETS	5,215	5,692

## TY 2007 Other Changes in Net Assets Schedule

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Description	Amount
PRIOR PERIOD ADJUSTMENT	44,389
OF ACCOUNTING	281,220

**TY 2007 Other Expenses Included Schedule**

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Description	Amount
ADMINISTRATIVE FEES	1,126,601
COST OF GOODS SOLD	163,312
ORGANIZATIONS	1,899,628
EQUITY METHOD OF ACCOUNTING	281,220

## TY 2007 Other Liabilities Schedule

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

Description	Beginning of Year Amount	End of Year Amount
PAYROLL LIABILTIES	2,766	2,172

**TY 2007 Other Revenues Included Schedule**

**Name:** INTERNATIONAL ASSN OF BRIDGE STRUCTURAL  
ORNAMENTAL AND REINFORCING IRON WORKERS

**EIN:** 43-0337330

<b>Description</b>	<b>Amount</b>
ADMINISTRATIVE FEES	1,126,601
COST OF GOODS SOLD	163,312
ORGANIZATIONS	1,970,600

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Name of exempt organization

Employer identification number

INTERNATIONAL ASSN. OF BRIDGE, STRUCTURA

43-0337330

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 54858350.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [ ] I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here Signature of officer: [Signature] Date: 11/17/08 Title: INTERNATIONAL PRESIDENT

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only ERO's signature: [Signature] Date: 11/17/2008 Check if also paid preparer [X] Check if self-employed [ ] ERO's SSN or PTIN: P00692586
Firm's name (or yours if self-employed), address, and ZIP code: BOND BEEBE, P.C., 4600 EAST-WEST HWY., STE. 900, BETHESDA, MD 20814-3423 Phone no: 301-272-6000, EIN: 52-1044197

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only Preparer's signature: [Signature] Date: [ ] Check if self-employed [ ] Preparer's SSN or PTIN: [ ]
Firm's name (or yours if self-employed), address, and ZIP code: [ ] EIN: [ ] Phone no: [ ]