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Short Form  
Return of Organization Exempt From Income Tax

2009

Open to Public  
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>ELECTRICAL WORKERS IBEW AFL-CIO</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>615 W GRAND AVE</b>
	Room/suite <b></b>
	City or town, state or country, and ZIP + 4 <b>Ponca City, OK 74601</b>

D Employer identification number <b>26-4798097</b>
E Telephone number <b>(580) 762-4441</b>
F Group Exemption Number ►

• 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  Cash  Accrual  
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)( 5 ) ◀ (insert no)  4947(a)(1) or  527K Check ►  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 returnL 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 ► \$ **46,834**

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

1 Contributions, gifts, grants, and similar amounts received . . . . .	1	46,834
2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3	
4 Investment income . . . . .	4	
5a Gross amount from sale of assets other than inventory . . . . .	5a	
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 ► <input type="checkbox"/>	6	
a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
b Less direct expenses other than fundraising expenses . . . . .	6b	39,827
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	(39,827)
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
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	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9	7,007
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	
13 Professional fees and other payments to independent contractors . . . . .	13	
14 Occupancy, rent, utilities, and maintenance . . . . .	14	
15 Printing, publications, postage, and shipping . . . . .	15	
16 Other expenses (describe ► )	16	
17 Total expenses. Add lines 10 through 16. . . . . ►	17	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	7,007
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	1,343
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	8,350

## 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

	(A) Beginning of year	(B) End of year
22 JUN 01 2010	1,343	8,350
22 Cash, savings, and investments . . . . .	22	
23 Land and buildings . . . . .	23	
24 Other assets (describe ► )	24	
25 Total assets . . . . .	1,343	8,350
26 Total liabilities (describe ► )	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	1,343	8,350

RECEIVED

ASSETS

2010

JUN 01 2010

2010



**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 . . . . .

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .

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

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

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

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

	Yes	No
46		
47		
48		
49a		
49b		

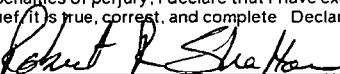
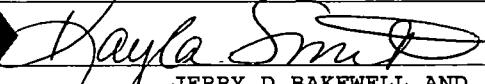
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 . . . ►

<b>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	
		Date 5-25-10
► Signature of officer	►	
► Type or print name and title	Robert R. Shelton See/Treas	
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 05-17-2010
	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See inst) 580-762-1545
	Firm's name (or yours if self-employed), address, and ZIP + 4 JERRY D BAKEWELL AND ASSOC INC 313 N. 3rd St.; PO Box 1336 Ponca City, OK 74601	
	EIN ►	Phone no ►

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

## **Application for Extension of Time to File an Exempt Organization Return**

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

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 time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <b>ELECTRICAL WORKERS IBEW AFL-CIO</b>	Employer identification number <b>26-4798097</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>615 W GRAND AVE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Ponca City, OK 74601</b>	

**Check type of return to be filed (file a separate application for each return)**

► ROBERT SHELTON 615 W GRAND AVE. OK 74601

Telephone No ► 580-762-4441

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . . . ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 09 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution:** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

EEA

Form 8868 (Rev. 4-2009)