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DLN: 93492092000060

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

Open to Public **Inspection**

			ear, or	tax year beginning 01-01-2009 ,	and ending	12-31-20	09			
		applicable	lease	C Name of organization				D Emplo	yer i	dentification number
┢	ddress o	change us	se IRS	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1523				48-0731273		
<u> </u>	ame ch	lange la	bel or rint or	Number and street (or P O box, if mail is not del 530 E HARRY	livered to stree	et address)	Room/suite	E Teleph	one n	umber
- -	ntial reti erminat	turn tiv	pe.	JJU L HARRI					(316) 267-8741
		t return St	ee pecific	City or town, state or country, and ZIP + 4			<u>_</u>	F Group		
_		1 411	nstruc- ons.	WICHITA, KS 67211			1	Numbe		► 0064
	F	F							_	
♦ Se	ction			ns and 4947(a)(1) nonexempt charitable mpleted Schedule A (Form 990 or 990-EZ)			counting me ner (specify)		Cas	sh Accrual
T W	ebsit e:	:► N/A					heck 🕨 🔽		-	ıızatıon
		•	only on	e)— 501(c) (5) ((Insert no) 4947(a)(1) or 5 27	_	not require			0-EZ, or 990-PF)
		_		s not a section 509(a)(3) supporting organ						
				n 990 return is not required, but if the organ						
		b, 6b, and 7b, to lin	ne 9 to de	etermine gross receipts, if \$500,000 or more, file For	m 990 instead	of Form 99	90-EZ	► \$		296,396
Pa	rt I			ises, and Changes in Net Assets o	or Fund B	alances	(See the in	structio	ns fo	r Part I)
	1	Contributions,	gıfts, g	rants, and similar amounts received .					1	
	2	Program servic	e revei	nue including government fees and contract	s			L	2	
	3	Membership du	ies and	assessments					3	296,061
	4	Investment inc	ome	$\boldsymbol{\cdot} \boldsymbol{\cdot} $					4	60
	5a	Gross amount f	from sa	le of assets other than inventory		5a				
<u>a</u>	ь	Less cost or o	ther ba	sıs and sales expenses		5b				
Revenue	С	Gain or (loss) f	rom sa	e of assets other than inventory (Subtract	line 5b from	ı lıne 5a)			5c	
œ œ	6	Special events check here	and ac	tivities (complete applicable parts of Scheo	dule G) If ai	ny amoun	t is from gar	ning,		
	а	Gross revenue	(not in	cluding \$ _of contributions						
		reported on line	∍1)			6a				
	ь	Less direct ex	penses	other than fundraising expenses		6b				
	c	Net income or (· (loss) f	rom special events and activities (Subtract	: line 6b fron	n line 6a)			6c	
	7a			ory, less returns and allowances	_	7a				
	'a	Less cost of g		• •		7b				
		-		rom sales of inventory (Subtract line 7b fro	m line 7a)	76			,	
	C	•		.=-	ill lille /a)			·	7c	275
	8	Other revenue						—) <u> </u>	8	275
	9			, , , , , , , ,		• •	•		9	296,396
	10			ounts paid (attach schedule) 🕏 🔹 .					10	65,813
	11	Benefits paid to						<u> </u>	11	417
	12	Salaries, other	compe	nsation, and employee benefits				·	12	159,370
2 0 S	13	Professional fe	es and	other payments to independent contractors				·	13	9,884
Expenses	14	Occupancy, rer	nt, utılı	ties, and maintenance				· [14	5,901
Ä	15	Printing, public	atıons,	postage, and shipping					15	358
	16	Other expense:	s (desc	rıbe 🏲 💆) [16	20,982
	17			nes 10 through 16				• [17	262,725
B	18	Excess or (defi	cıt) for	the year (Subtract line 17 from line 9)					18	33,671
NetAssets	19	Net assets or f	und bal	ances at beginning of year (from line 27, co	olumn (A)) (ı	must agre	e with			
4.		end-of-year figi	ure rep	orted on prior year's return)					19	169,639
Ž	20	Other changes	ın net	assets or fund balances (attach explanation	n) 🐿 .			. 🕇	20	-247
	21			ances at end of year Combine lines 18 thro				⊢	21	203,063
Pa	rt II			—If Total assets on line 25, column (B) are		0 or more	. file Form 9			
					. ,==		,			
			(See th	e instructions for Part II)		(A) Begi	nnıng of yea	r _	(В) End of year
22	Cash,	, savings, and in	vestme	nts	[165,1	22 22		173,695
23	Land	and buildings			[23		
24	Other	r assets (describ	e ►<u>2</u>)		7,8	77 24		29,368
25	Total	assets			. [172,9	99 25		203,063
26	Total	liabilities (descr	rıbe 🟲 '	<u> </u>) [3,3	60 26		
27	Net a	ssets or fund ba	lances	(line 27 of column (B) must agree with line :	21) .		169,6	39 27		203,063

Part III Statement of Prog	ram Service Accomplishn	nents (See the instruction	ns for Part III)	Expenses
What is the organization's primary ex ARBITRATION OF DISPUTES FOR NEW MEMBERS	GANIZING FOR	(Required for section 501 (c)(3) and 501(c)(4) organizations and section		
Describe what was achieved in carry describe the services provided, the i program title	4947 (a)(1) trusts, optional for others)			
28 ARBITRATION OF DISPUTES FO	OR MEMBERS, NEGOTIATIONS	FOR CONTRACTS, &	ORGANIZING FOR	
NEW MEMBERS (Grants \$)	If this amount includes foreign (grants chack hara	▶┌	20-
29	Tritins amount melades foreign (grants, check here .	,	28a
(Grants \$)	If this amount includes foreign (grants, check here .	▶┌	29a
30				
(Grants \$)	If this amount includes foreign (grants, check here .	▶┌	30a
31 O ther program services (attach s (Grants \$)	chedule) If this amount includes foreign (grants, check here	∵. 	31a
32 Total program service expenses (a	add lines 28a through 31a) .			32
Part IV List of Officers, Directo	rs, Trustees, and Key Employees.	List each one even if not co	mpensated (See the inst	ructions 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 employee benefit pla deferred compensa	ans & account and

Ρ	а	a	e	3
•	ч	9	_	_

Pa	rt V Other 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		Νο
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			
а	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
ь	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			
ь	Did the organization file Form 1120-POL for this year?	37b		No
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
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
ь	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		
С	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			
е	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ IBEW LOCAL 1523 Telephone no	► <u>(31</u>	6) 267	8741
	530 E HARRY Located at WICHITA, KS ZIP + 4	<u> 67</u>	721142	03
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
		44		N -
45	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
		- orm 0	0Λ_ E 7	/2000

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	1 4947(a)(1) nonex	-			-	stions
46	Did the	e organization engage in direct	or indirect political can	npaign activities on b	ehalf of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47	Did the	e organization engage in lobbyir	ng activities? If "Yes,"	complete Schedule C	C, Part II		47		
48	Is the	organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," comp	lete Schedule E		48		
49a	Did the	e organization make any transfe	ers to an exempt non-c	harıtable related orga	inization?		49a		
b	If"Yes	," was the related organization	a section 527 organiza	ation?			49b		
	Complete this table for the organization's five highest compensated employees (other than officers, directors, t employees) who each received more than \$100,000 of compensation from the organization If there is none, en								
(a) i		nd address of each employee more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat	tion employee	tributions to benefit plans & compensation	a	e) Exper count a r allowa	and
		number of other employees pa					• <u> </u>	an #10	
	of com	ete this table for the organization pensation from the organization me and address of each indepe	n If there is none, ente	r "None "	•	e of service		ompen	
	. ,	·	·	· ·					
51(d) Total	number of other independent o	ontractors each receiv	ıng over \$100,000					
		Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examined this replete Declaration of prepare	turn, including accompany er (other than officer) is b	ring schedules and st ased on all informati	atements, and to th on of which prepare	ne best o er has ar	of my kno ny knowle	owledge edge
Plea Sign Here	****** 2010-04-01 Signature of officer Date					04-01			
Paid	!	Preparer's PATRICIA FOX EA 2007	-71433	Date 2010-04-02 Check if self- empolyed		Preparer's identify (See instructions)	parer's identifying number e instructions)		
Prepa		Firm's name (or yours FOX & ASSO f self-employed),	OCIATES INC		•	EIN Þ			
Use C			NTRAL AVE STE A		Phone no ▶ (316			4223	
	ha IDC	WICHITA, K		oo instructions		, 110 F (51	<u>Γ</u> γ		No

Software ID: Software Version:

EIN: 48-0731273

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

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
AARON ROBERTSON N/A UNKNOWN N/A WICHITA, KS 67201	EXEC BOARD 0	0		
CINDY DODD N/A D UNKNOWN N/A WICHITA, KS 67201	EXEC BOARD 0	261		
DARRICK WILSON N/A 1202 N SEDGWICK N/A GARDEN PLAIN, KS 67050	VICE PRES 0	1,060		33
DEBBIE PALMER N/A UNKNOWN N/A WICHITA, KS 67201	TREASURER 0	0		
LEO RHEY N/A D UNKNOWN N/A WICHITA, KS 67201	EXEC BOARD 0	0		
MERVYN F WILTSHIRE N/A 4445 E FALCON N/A WICHITA, KS 67220	FIN SEC/MNGR 0	107,296		3,994
MICHAEL GREEN N/A 402 N 8 N/A TOWANDA, KS 67144	EXEC BOARD 0	0		
MIKE WRIGHT N/A 1303 S 119TH ST W N/A WICHITA, KS 67209	EXEC BOARD 0	0		
PAMELA DOUCETTE N/A D UNKNOWN N/A WICHITA, KS 67201	RECORDG SEC 0	0		
RUSS WHITLEY N/A 6725 W SHADE LANE 502 N/A WICHITA, KS 67212	PRESIDENT 0	2,930		736
STANLEY BLUML N/A 10800 BLUEWATER CT N/A CLEARWATER, KS 67026	EXEC BOARD 0	0		
STEVE VAUGHN N/A 127 WOLF N/A CHENEY,KS 67025	EXEC BOARD 0	191		

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TY 2009 Compensation Explanation

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Person Name	Explanation
AARON ROBERTSON NA	
CINDY DODD NA	
DARRICK WILSON NA	
DEBBIE PALMER NA	
LEO RHEY NA	
MERVYN F WILTSHIRE NA	
MICHA EL GREEN NA	
MIKE WRIGHT NA	
PAMELA DOUCETTE NA	
RUSS WHITLEY NA	
STANLEY BLUML NA	
STEVE VAUGHN NA	

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Item No.	1
Class of Activity	
Donee's Name	IO PER CAPITA C OF DEBIT
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	AFFILIATION WICHITA/HUTCHINSON
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Description	Beginning of Year Amount	End of Year Amount
OFFICE EQUIPMENT	4,580	4,580
CHEVY IMPALA		21,491
LABOR MAGAZINE STOCK	3,000	3,000
BIBLES FOR MEMBERS FAMILIES	297	297
	7,877	29,368



TY 2009 Other Changes in Net Assets Schedule

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Description	Amount
CREDIT CARD OVERPAYMENT	-247

TY 2009 Other Expenses Schedule

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	283
OFFICE	7,590
TRAVEL	1,955
INSURANCE	882
AUTO EXPENSE	8,883
BUSINESS EXPENSES	280
UNCATEGORIZED EXPENSES	211
FEES, FINES	334
CONTRIBUTIONS TO NONPROF	500
FUNERAL EXPENSE-MEMBERS	64

TY 2009 Other Liabilities Schedule

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Description	Beginning of Year Amount	End of Year Amount
PAYROLL LIABILITIES	3,360	
	3,360	

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TY 2009 Other Revenues Scheo	dule	

Name: INTERNATIONAL BROTHERHOOD OF

ELECTRICAL WORKERS LOCAL 1523

Description	Amount
MISC INCOME-REBATES, REFUNDS	275