

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**990-EZ** 

## 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) OMB No. 1545-1150 2009

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.

Open to Public Inspection

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2009 calendar year, or tax year beginning . 2009, and ending 1-1-12-31 20 C Name of organization Check if applicable. D Employer Identification number Address change International Brotherhood of Electrical Workers Local #549 55-6035533 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 5626 740-894-4098 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Huntington, WV, 25703-0626 Number ▶ 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). Other (specify) ▶ H Check ▶ If the organization is not I Website: ▶ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). 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. 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 0 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I O Contributions, gifts, grants, and similar amounts received . . . 0 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . . . 65390.00 3 Investment income . . . . . . 4 70.80 5a\_ 50 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . 5b SCANNED MAY Bevenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 0 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ of contributions reported on line 1) . . . . . . . . . . **6**b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 0 60 Gross sales of inventory, less returns and allowances 7a 7a  $\tilde{\omega}$ (号) . APR. 1. D. 2010 Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7 from line 7a) C 7c 0 8 8 0 Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 85, 76, 70, and 8 65460.80 9 9 0 10 Grants and similar amounts paid (attach schedule) . 10 0 11 Benefits paid to or for members . . . . . . 11 10248.78 12 Salaries, other compensation, and employee benefits . . . 12 50128.79 Professional fees and other payments to independent contractors 13 13 880.00 Occupancy, rent, utilities, and maintenance . . . . . 14 14 Printing, publications, postage, and shipping. SEE A.Lac LEd . SEE to . 193.35 15 15 Other expenses (describe > Retirement Gifts, Dues Refunds, P.O. Box, Picnic for members. 5129.11 16 16 66580.03 17 17 Total expenses. Add lines 10 through 16 . 18 18 -1119.23 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 20734.70 19 20 n 20 Other changes in net assets or fund balances (attach explanation) . . . 19615.47 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 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. (B) End of year (See the instructions for Part II.) (A) Beginning of year 18908.56 22 17789.33 22 Cash, savings, and investments . . . . . 0 23 23 1826.14 24 Other assets (describe ▶ Office Equipment 1826.14 24 25 Total assets . . . . . . 20734.70 25 19615.47 26 Total liabilities (describe ▶ 0 26 0 20734.70 27 19615.47 Net assets or fund balances (line 27 of column (B) must agree with line 21)

250

>

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses										
What is the organization's primary exempt purpose? (Required											
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise											
	ner, describe the services provided, the number of					uzations and section					
	program title.	persons beneficia, and c	alor roctant iino	illiation ioi		(a)(1) trusts; optional					
	Program duc.				107 01	hers.)					
28											
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	▶ □	28a	0					
29		•				<u>_</u>					
20											
	***************************************										
	(Grants \$ ) If this amount	29a	0								
30	*										
		·									
	***************************************										
	/O	-									
		includes foreign grants, che		<u>. ▶⊔</u>	30a	0					
31	· · · · · · · · · · · · · · · · · · ·										
	(Grants \$ ) If this amount		31a	0							
32	Total program service expenses (add lines 28a t	through 31a)		▶	32	0					
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)					
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense					
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances					
BA:-L	nael A. Casto	devoted to position	ericer -U)	deletied compa	Sauuri	Other allowances					
		President/ Salery		ł							
	#2 Kilgore Creek Rd. Milton, WV.25541		300.00								
	dy P. Fry	Executive Board/Salary		ŀ							
RT.	1 Box 1418A Wayne, WV. 25570		300.00								
Warl	k A. Fugitt	F									
316	Hillview Lane South Point, OH.45680	Financial Secretary/Salary	2617.79	1							
	nony A. Howard										
	Edison Drive Huntington, WV.25705	Vice President/ Salary	794.49								
	nie E. Reed		754,45	<b></b>							
		Local Chairman/ Salary									
	Daugherty Drive Barboursville, WV. 25504		3051.36								
	A. See	Recording Secretary/Salar									
P.O.	Box 1146 Barboursville, WV. 25504	Recording Secretary/Salar 5									
Wile	s T. Terry	5									
1800	03 Bear Creek. Catlettsburg, KY. 41129	Executive Board/ Salary	300.00								
	nie J. Walker			<del></del>							
	≥ St. Hwy 986 Olive Hill, KY. 41164	Treasurer/ Salary									
3032	t St. They 300 Chive Thii, Ref. 47104		600.09	<del></del>							
-		,		]							
		•									
				<u> </u>							
<del>-</del>											
				<u>i</u>							
				1							
		1		1							
	· · · · · · · · · · · · · · · · · · ·	<b>†</b>		1	-						
		1		}							
		<del> </del>		<del> </del>							
	***************************************			]							
		]		]							
				I							

Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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			1
_	6033(e) notice, reporting, and proxy tax requirements?	35a	ļ	<u> </u>
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	<u> </u>	<b>✓</b>
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	┨		,
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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?			,
_	i i	38a	_	<b>✓</b>
SO P	If "Yes," complete Schedule L, Part II and enter the total amount involved	} ;		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
100	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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			
0	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Mark A. Fugitt Financial Secretary  Telephone no. ▶	740-89	4-409	3
	Located at ► 316 Hillview Lane South Point, OH. 45680 ZIP + 4 ►	45680	-9358	
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		Yes	No
	account)?	42b		<b>✓</b>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
-	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	• •		<b>&gt;                                    </b>
			Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
**	Form 990-EZ	44		1
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		<b></b>	
		45 m <b>99</b> 0		(2020)
	For	11 プラし	<u> کتا</u> - ر	(4003)

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexem	1) nonexem pt charitable	pt charital trusts mus	ole trusts only. A st answer question	II sec ns 40	tion 3-491	
46	Did the organization engage in direct or indirect	political campaig	n activities or	behalf of o	r in opposition to		Yes	No
	candidates for public office? If "Yes," complete \$	Schedule C, Part I				46		<b>√</b>
47	Did the organization engage in lobbying activities	s? If "Yes," comple	ete Schedule	C, Part II .		47		<b>√</b>
	Is the organization a school as described in section					48		✓
	Did the organization make any transfers to an ex	•	ole related org	anization? .		49a		✓
	If "Yes," was the related organization a section 5					49b		✓
	Complete this table for the organization's five his							d key
	employees) who each received more than \$100,0	(b) Title and ave		Compensation	(d) Contributions to		Expen	
	(a) Name and address of each employee paid more	hours per wee	ak   ``	Остранация	employee benefit plans & deferred compensation	ac	count a	nd
	than \$100,000	devoted to posi	tion		cererred compensation	other	allowa	nces_
			1					
				-				
	**************************************					<u> </u>		
	· · · · · · · · · · · · · · · · · · ·							
					1			
					ľ			
51	Total number of other employees paid over \$100 Complete this table for the organization's five the \$100,000 of compensation from the organization.	nighest compensa			- tors who each reco	eived	more	than
<u> </u>	(a) Name and address of each independent contractor	paid more than \$100,00	00	(b) Ty	pe of service	(c) Cor	npensa	rtion
d	Total number of other independent contractors of Under penalties of perjury, I declare that I have examine	each receiving over	r \$100,000	chedules and st	none	at of my	knowl	edge
Sian	and belief, it is true, correct, and complete. Declaration							
Sign Here	Signature of officer  A. Fuci	t F	NANC	<u>ا</u>	Date FORETA	<u>ر</u> ا م ا		<del></del>
Paid	Type or print name and title  Preparer's signature		Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (Se	nstruc	tions)
Prepare	rimis name (or			E	N <b>▶</b>		•	
Use On	y yours if self-emptoyed), address, and ZIP + 4				hone no. ▶			
May the	e IRS discuss this return with the preparer showr	above? See instr	uctions			Yes	П	vo.

### Banking Summary - Last year 1/1/2009 through 12/31/2009

	Category Description	1/1/2009- 12/31/2009
	INCOME	
	Dues Deposit	65,390.00
	Dues Refund	-232.00
	Interest Inc	70.80
	Per capita	-50,128.79
	Salary	-5,784.48
	TOTAL INCOME	9,315.53
	EXPENSES	
	Audit payment	45.00
	CT 1 tax	2,682.73
	Expense	96.56
_	Gifts Given	582.45
LINE 15 _	Lost wages	1,736.57
	Picnic	3,994.66
	L Postage	96.79
	Rent	1,200.00
	TOTAL EXPENSES	10,434.76
	TRANSFERS	
	FROM general fund	962.00
	TO social fund	-962.00
	TOTAL TRANSFERS	0.00
	OVERALL TOTAL	-1,119.23

# LINE 16 OTHER EXPENSES

4/1

# Transaction - ETD 12/31/2006 through 4/11/2010

/11/2010			•						Page 1
	Date	Account	Num	Description	Memo	Category	Clr	Amount	
IbEW								-582	.45
5/1	4/2009	social fund	1058	IbEW	for picnic ju	Gifts Given		-582	.45
					OVE	RALL TOTAL		-582	.45

## Transaction - Last year 1/1/2009 through 12/31/2009

2010			/ //Loos daosgii				Pa
Date	Account	Num	Description	Men	no Category	Clr	Amount
Dustin Barrow							-54.75
7/19/2009	general fund	3656	<b>Dustin Barrow</b>	for june	<b>Dues Refund</b>		-54.75
Gien Brumfield							-54.75
3/21/2009	general fund	3597	Glen Brumfield	march	<b>Dues Refund</b>		<i>-</i> 54.75
James Mack							-67.75
8/20/2009	general fund	3681	James Mack	june	<b>Dues Refund</b>		-67.75
Paul Flinchum							-54.75
7/19/2009	general fund	3657	Paul Flinchum	for june	Dues Refund		-54.75
					OVERALL TOTAL		-232.00

## Transaction - ETD 12/31/2006 through 4/11/2010

<i>[</i> 2010							Pa
Date	Account	Num	Description	Memo	Category	Clr	Amount
BUDDYS BBQ							-678.84
6/27/2009	social fund	1060	<b>BUDDYS BBQ</b>	june picnic	Picnic		-678.84
Catering With Joy							<i>-</i> 2,2\$0.00
6/27/2009	social fund	1061	Catering With .	june picnic	Picnic		-2,290.00
Gary Booth	:						-300.00
6/27/2009	social fund	1063	Gary Booth	june show	Picnic		-400.00
Gary Hightower							-200.00
6/27/2009	social fund	1062	Gary Hightowe	r june picnic (	Picnic		-200.00
Greg Goode							-169.60
6/27/2009 ·	social fund	1064	Greg Goode	june show	Picnic		-100.00
Michael Casto	. <u>.</u>						-325.82
6/16/2009	social fund	1059	Michael Casto	june for picnic	Picnic		-325 82
				OVE	RALL TOTAL		-3,994,66

Continued on NEXT page

# Transaction - Last year 1/1/2009 through 12/31/2009

				/1/2009 tillough 12	33172009				
4/1	1/2010 Date	Account	Num	Description	Memo	Category	Cir	Amount	Page 1
	Browning Jarvis I	Mini Storage						-480.	00—
	1/26/2009	general fund	3572	Browning Jarv1	eb.storage b	Rent		-40.	00
	2/20/2009	general fund	3577	Browning Jarv	march.storag	Rent		<del>-4</del> 0.	00
	3/21/2009	general fund	3596	Browning Jarva	april.storage	Rent		-40.	00
	4/20/2009	general fund	3615	Browning Jarv	may.storage	.Rent		-40.	00
	5/25/2009	general fund	3640	Browning Jarvj	une storage	.Rent		-40	00
	6/24/2009	general fund	3647	Browning Jarvj	uly storage	Rent		-40.	00 j
	7/21/2009	general fund	3662	Browning Jarva	aug. storage	Rent		-40.	00
	8/20/2009	general fund	3679	Browning Jarvs	sept. storage	.Rent		-40.	00
	9/20/2009	general fund	3694	Browning Jarv	oct. storage	Rent		-40.	00
	10/19/2009	general fund	3713	Browning Jarv	nov. storage	.Rent		-40.	00
	11/20/2009	general fund	3727	Browning Jarv	dec. storage	.Rent		-40	00
	12/16/2009	general fund	3745	Browning Jarvj	an. storage	Rent		<del>-4</del> 0.	00
E	- M&M Inflatables							-210.	00
,	4/15/2009	social fund	1057	M&M Inflatables	June picnic r	. Rent		-210.	00
5	Mike Casto							<b>-</b> 40.	00
_ \	1/26/2009	general fund	3560	Mike Casto j	an.storage b	.Rent		<b>-4</b> 0.	00
1	_Postmaster							-110.	00
	11/20/2009	general fund	3726	Postmaster	o.o. box 12	Rent		-110	00
	United Steelworks	ers L.U. 37				· · · · · · · · · · · · · · · · · · ·		-360.	00
	1/11/2009	general fund	3555	United Steelw 2	2009	Rent		-360.	00
					OVE	RALL TOTAL		-1,200.	00

LINE 16