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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? TO PROTECT WORKER RIGHTS			
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 FIELDDED COMPLAINTS FROM WORKERS WHO HAD GRIEVANCES WORKED WITH MANAGEMENT TO ENSURE FAIR TREATMENT AND SAFE CONDITIONS FOR ALL WORKERS HELD MEETINGS AS NECESSARY TO ENSURE PROPER COMPENSATION, DISCIPLINE AND WORKING CONDITIONS (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 (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 schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		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	
b	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
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	No
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 ▶ SC		
42a	The organization's books are in care of ▶ DONALD HUTLIN Telephone no ▶ (843) 795-0666 1466 BATTERY HAIG C Located at ▶ CHARLESTON, SC ZIP + 4 ▶ 29412		
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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

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		2010-05-05 Date		
Paid Preparer's Use Only	Preparer's signature ▶ RICHARD D CROWLEY CPA		Date 2010-05-10	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FORD & CROWLEY CPA'S LLC PO BOX 2569 MT PLEASANT, SC 29465		EIN ▶		
			Phone no ▶ (843) 971-0882		
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:

Software Version:

EIN: 57-0200146

Name: INT'L BROTHERHOOD OF ELEC 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
DAVID M CORN  107 OBANNON CT SUMMERVILLE, SC 29456	PRESIDENT 0	2,977		1,071
JOSEPH GRIFFIN  5061 AMMERSEE CT CHARLESTON, SC 29414	BUSINESS MAN 0	12,203		1,108
CHARLES HOWARD  2383 ERSKINE CT CHARLESTON, SC 29414	VICE-PRESIDE 0	1,873		125
BILLY HOOVER  104 CROSS TIE COURT SUMMERVILLE, SC 29483	RECORDING SE 0	1,680		
DONALD HULTIN  1466 BATTERY HAIG CT CHARLESTON, SC 29412	TREASURER 0	1,680		
DAVID WOOD  113 PARISH ROAD GOOSE CREEK, SC 29445	FINANCIAL SE 0	2,518		

TY 2009 Compensation Explanation

Name: INT'L BROTHERHOOD OF ELEC WORKERS

EIN: 57-0200146

Person Name	Explanation
DAVID M CORN	
JOSEPH GRIFFIN	
CHARLES HOWARD	
BILLY HOOVER	
DONALD HULTIN	
DAVID WOOD	

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** INT'L BROTHERHOOD OF ELEC WORKERS**EIN:** 57-0200146

Item No.	1
Class of Activity	
Donee's Name	AFFILIATES
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	IBEW INTERNATIONAL OPERATIONS CAP
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 Expenses Schedule**Name:** INT'L BROTHERHOOD OF ELEC WORKERS**EIN:** 57-0200146

Description	Amount
EXPENSES	
MILEAGE	1,777
TRAVEL	3,510
REGISTRATION	660
MEALS	1,163
SUPPLIES/POSTAGE	172
OFFICE EXPENSE	438
FLORIST	251
GOLF TOURNAMENT	572
DONATIONS / MEMORIALS	815
COOKOUT	444

TY 2009 Other Liabilities Schedule

Name: INT'L BROTHERHOOD OF ELEC WORKERS

EIN: 57-0200146

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	39	87
	39	87

TY 2009 Other Revenues Schedule

Name: INT'L BROTHERHOOD OF ELEC WORKERS

EIN: 57-0200146

Description	Amount
DEPOSIT REFUND FROM ALLTEL	488