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Form, 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	Fort	he 2009 ca	lendar	year, or tax year beginning	8/01	,	2009, and en	ding	7/31			, 2010	_
В	Check	if applicable		C				-		D Em	ployer i	dentification number	
	Addres	ss change	Please use IRS	Intl. Brotherhood	of Elec.	Workers	s #386		İ	7	1-60	57398	
	Name	channe	label or print or	P.O. Box 503					ŀ			number	_
	Initial	return	type	Texarkana, TX 7550	14					a	U3-3	23-5765	
<u> </u>	Termir		See Specific						ŀ		05-2	.23-3103	_
⊢	4	aca return	Instruc- tions						ĺ			xemption	
	Applic	ation pending		<u> </u>			·	I			mber	<u> </u>	_
		Section 5	01(c)(3) ust atta) organizations and 4947(a)(i ch a completed Schedule A) nonexempt Form 990 or s	charitable t 990-EZ).	rusts		counting i her (speci		d X	Cash Accrual	_
							'		neck 🟲 🏻 🛚 🖹			ganization is not	
ı		site: 🕨 <u>N</u>				 		re	quired to a 0-EZ, or 9	attach	Sche	dule B (Form 990,	
J		xempt status				4947(a)(1							_
К _	Chec \$25,0	000 A Form	the organization of the or	anization is not a section 509 or Form 990 return is not requ	(a)(3) support red, but if the o	ing organization	chooses to file	gross r a retu	receipts ai irn, be sure	re nor e to file	mally e a cor	not more than mplete return	
L	Add	lines 5b, 6l	b, and	b, to line 9 to determine gro	ss receipts, if	\$500,000 o	r more, file Fo	orm 99	00			- 100 507	_
		ad of Form									<u>- \$</u>	128,507	÷
P				Expenses, and Change		sets or Fi	und Baland	ces (S	see the i	ınstrı	uction	ns for Part I.)	_
9	1		_	ts, grants, and similar amour						}	1		
2010	2	-		revenue including governmen	nt fees and co	ntracts					2	100 550	
\bowtie	3		•	s and assessments							3	127,553	
	4	Investmer					1 = 1			ļ	4	954	<u>.</u>
	5a			om sale of assets other than	nventory		5a						
W.	"			er basis and sales expenses	black to the forces	I (-)	5 b						
© DEC	'ء ا	•	•	ale of assets other than inventory (Su		•		مدمط بام		\neg	_5c		—
HE ST	".	•		tivities (complete applicable parts of	· ·	•		ck nere	_	ᅵᅵ	A Jan Jane		
20	"	reported o	•	not including \$	Oi C	ontributions				ļ			
Z'	Ι.	•		nses other than fundraising e	vnoncoc		6a 6b						
SCANNED	1		•	from special events and activities (Si	•	m line 6ay	RECE	1\/⊏	n	\dashv	6 c		
Ĭ	1			ventory, less returns and allo		II IIIIe oa)	7a _	IVL	<u> </u>		, °		
		Less cos		-	wances		7 b		08		· `		
				oss) from sales of inventory (Subtract line	7b from Kee		2 20	لحنصا		7с		
	8	Other revenu			Cubiract in ic	ر المالية	10)1101	14.39	RS.		8		_
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c	and 8					⊢′ ,	9	128,507	_
_	10			ar amounts paid (attach sche				1	nont 1		10	39,493	
	11			or for members	uule)	ι	7CE-94	-a-c-c	ment 1		11	39,493	÷
E	12			ompensation, and employee	nanafits						12	27,585	_
Ê	13			and other payments to inde		actors				i	13	4,148	_
Ņ	14			utilities, and maintenance	pendent conti	actors				ŀ	14	1,110	÷
S E	15	•		ions, postage, and shipping						ŀ	15	114	_
S	16			ribe ► See Statement	2					,	16	37,694	
	17			Add lines 10 through 16						´ ▶	17	109,034	
_	18			t) for the year (Subtract line	17 from line 9	\				-	18	19,473	
,	Α		=									15,475	÷
N F	s 19 s	figure ren	s or tur orted o	nd balances at beginning of your prior year's return)	ear (from line	∠/, column	(A)) (must a	gree w	ııın end-of	·year	19	76,607	
Ť!	E 20			net assets or fund balances	(attach explai	nation)					20	10,001	÷
:	21		_	nd balances at end of year C			20			▶	21	96,080	_
P	art II			heets. If Total assets on line				re, file	Form 990) inste	_		÷

	(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	77,187.	22	96,422.
23	Land and buildings		23	
24	Other assets (describe)		24	
25	Total assets	77,187.	25	96,422.
26	Total liabilities (describe ► See Statement 3)	580.	26	342.

26 Total liabilities (describe ► See Statement 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

96,080. Form 990-EZ (2009)

76,607. 27

Form	990-EZ(2009) Intl. Brotherhoo	od of Elec. Workers	s #386	-	71-	605	7398 Page 2
	Statement of Program Ser						Expenses
	s the organization's primary exempt purpose? Lo] [Regu	uired for section)(3) and (4) iizations and section (a)(1) trusts, optional
				ncise manner.	− 5	organ	izations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, or other r	elevant information for	each	4	1947	a)(1) trusts, optional
	am title				11	or ot	hers.)
28	Service and benefits to u	<u>nion_members.</u>			_	1	
					_ 1		
	\$39,493 was paid to IBEW	for capita dues.					
		is amount includes foreign gr			71:	28 a	39,493.
29	· · · · · · · · · · · · · · · · · · ·				7		
23							
						1	
					_,		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	>	_ :	29 a	
30							
					- 1	ĺ	
					-	-	
	(Grants \$) If th	is amount includes foreign gr	ants check here		ᅦ.	30 a	
21	Other program services (attach schedule		arts, crook note				
J1	, ,	.) is amount includes foreign gr	ants chack hara	▶ [7	31 a	
22	Total program service expenses (add III		ants, theth here		_	32	39,493.
			mlayeee to to see				
Par	t IV List of Officers, Directors,						
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributi employee benefit	ons to	0 0	(e) Expense account and other allowances
	(a) Name and address	to position	not pard, enter -0)	deferred compe			and other allowances
.Tef	f Hale	Asst Bus. Mgr	6,993.			0.	2,877.
	Box 1251	5.00	-			٠.	2,011.
		3.00					
	anta, TX 75551						
	k Dean	Treasurer-Past	1,654.			0.	0.
185	Walker	5.00					1
Nas	sh, TX 75569						
~	ce Carter	Secretary	4,084.			0.	0.
	7 Box 2445H	5.00	· ·			-	
		3.00					
	karkana, AR 71854		0.421			$\overline{}$	0.0
	nton Humphrey	Treasurer	· ·			0.	86.
	Blocker Lane	5.00					
Nas	sh, TX 75569						
Sta	n Stamps	President	8,683.			0.	1,119.
212	250 JC Ivy Rd	5.00					
	ingdale, AR 72762						
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	•		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		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		śż.	
	b Did the organization file Form 1120-POL for this year?	37b	2000 (1988)	X
38	a 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?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		3	
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 N/A			
	b Gross receipts, included on line 9, for public use of club facilities. Scatter 501(s)(2) exceptables. Fater amount of the present on the exceptable divine the present of the present o	***		
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	(4% - 19).		
).:h
	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	40 b		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	- 100	*	(M.)
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		į.	4.5
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶0.		2	*
	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	40 e		X
41	List the states with which a copy of this return is filed None			
12	a The organization's			
-72	books are in care of ► Thomas & Thomas, LLP Telephone no ► (903) Located at ► 2900 St. Michael Drive Texarkana TX ZIP + 4 ► 75503	831	- <u>34</u> 7 	'Z
	h At any time during the colonder year, did the eventuation have an interest in an a constitute or other outbooks over a		Yes	No
	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)?	42 b		Χ
	If 'Yes,' enter the name of the foreign country.	1,253	(8) (8)	
		,***	*;; ·	43

	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	1		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	2,00	X
	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		►	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
41	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		1.55	
	of Form 990-EZ	44		Х
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		x

orm	990-F7 (2009)	Tn+1	Brotherhood	٥f	Elec	Workers	#386
OHILL	JJU-LZ (ZUUJ)	T11CT -	DIOCHETHOOG	$\sigma_{\mathbf{L}}$	DIC.	MOTVETS	# 300

71-6057398

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) nor	nexempt charita	pt charitable trusts onl able trusts must answer	y. All se questio	ction ns	
46 Did th	ne organization engage in direct or indire	ct political campaign ac	tivities on behalf o	f or in opposition to candidate	es	Yes	No
	ublic office? If 'Yes,' complete Schedule (C-1		46		
	ne organization engage in lobbying activit	•			47		
	e organization a school as described in se		•		48		
	ne organization make any transfers to an s,' was the related organization a section	· · · · · · · · · · · · · · · · · · ·	related organizatio	1111	49 a 49 b		
	·	-				l	
50 Comp emple	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the organizat	ion If there is none, enter 'N	one '		
(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 and deferred compensation		pense nt and owances	<u> </u>
- ·							
f Total	number of other employees paid over \$1	00,000					
51 Comp	olete this table for the organization's five censation from the organization. If there i	highest compensated in s none, enter 'None '	ndependent contrac	ctors who each received more	e than \$10	00,000	of
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
d Total	number of other independent contractors	s each receiving over \$1	100.000	•			
	,	• • • • • • • • • • • • • • • • • • •	,				
•	Under penalties of perjury, I declare that I have exam	nined this return, including according	npanying schedules and	statements, and to the best of my know	wledge and be	elief, it is	5
	true, correct, and complete Declaration of preparer	other than officerous based on a	in information of which p	reparer has any knowledge			
Sign	(Janta H	Lun M	s and	10/21/10			
Here	Signature of officer	1	/ / .	Date Date			
	Liator of themone	ey Koordi	y Scentar	1 Treasure			
	Type or print name and title		/ /			,	
Paid Pre-	Preparer's Monty Castel	L, CPA	Date /0/14		parer's Identi e instructions 0005133		mber
parer's	Firm's name (or Thomas & Thomas yours if self	·	· •				
Use	employed), 2900 St. Michae				71-0271		
Only	ZIP + 4 Texarkana, TX /			Phone no ► (903			
	S discuss this return with the preparer sl	nown above? See instru	ctions		►X Yes		No
BAA					Form 99	U-EZ	(2009)

2009	Federal Statements		Page 1
Client 33409	Intl. Brotherhood of Elec. Workers #386		71-6057398
10/05/10 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			04 11PM
Class of Activity: Cash Amount Given:	Program Service-IBEW Dues	\$	39,493.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Conferences, Conventions, Miscellaneous Office Expenses Telephone and Utilities Travel	and Meetings	\$	27,545. 350. 890. 4,498.
liavei		Total \$	4,411. 37,694.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			
Payroll Tax Payable	Total	Beginning \$ 580. \$ \$ 580. \$	342. 342.
-			