



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



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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning	Jan. 1	, 2010, and ending	Dec. 31	, 2010			
B Check if applicable.	C Name of organization						
<input type="checkbox"/> Address change	IBEW 2357						
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)						
<input type="checkbox"/> Initial return	Room/suite						
<input type="checkbox"/> Terminated	673 Halleck RD						
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4						
<input type="checkbox"/> Application pending	Fairmont WV 26554						
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►							
I Website: ►							
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).						
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)							
Check if the organization used Schedule O to respond to any question in this Part I						<input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0				
	2 Program service revenue including government fees and contracts	2	0				
	3 Membership dues and assessments	3	68749				
	4 Investment income	4	273				
	5a Gross amount from sale of assets other than inventory	5a	0				
	b Less: cost or other basis and sales expenses	5b	0				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0				
	6 Gaming and fundraising events						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0				
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
	c Less: direct expenses from gaming and fundraising events	6c	0				
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
	7a Gross sales of inventory, less returns and allowances	7a	0				
	b Less: cost of goods sold	7b	0				
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
	8 Other revenue (describe in Schedule O)	8	135				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69157				
	Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	17555			
11 Benefits paid to or for members		11	0				
12 Salaries, other compensation, and employee benefits		12	27806				
13 Professional fees and other payments to independent contractors		13	0				
14 Occupancy, rent, utilities, and maintenance		14	3483				
15 Printing, publications, postage, and shipping		15	931				
16 Other expenses (describe in Schedule O)		16	9921				
17 Total expenses. Add lines 10 through 16		17	59696				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9461				
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	68417				
20 Other changes in net assets or fund balances (explain in Schedule O)		20	1175				
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	76703				

SCANNED MAR 30 2011

22

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	68417	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	68417	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68417	27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose?

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	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.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) <input type="checkbox"/>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DOUGLAS W. TAYLOR 71 ROBINSON LN WEIRTON WV 26062	PAST PRES/10 HRS PER WK <input checked="" type="checkbox"/>	2658	772	3430
DALE P. MCCRAY 25049 VETERANS MEM HWY TERRA ALTA WV 26764	PAST VP/10 HRS PER WK	1543	1025	2658
WILLIS E. MORTON II 1510 RIVER RD MORGANTON WV 26501	PRES/10 HRS PER WK	3030	552	3582
TIMOTHY J. CRISS 111 EUCLID AVE CLARKSBURG WV 26301	VP/10 HRS PER WK	2934	738	3672
JOSEPH A. BLANKENSHIP 18223 BRANDONVILLE PIKE BRUCETON MILLS WV 2652	UNIT CHAIRMAN 5HRS PER WK <input type="checkbox"/>	3178	336	3514
MICHAEL J. CLARK 2144 ROLLING ACRES RD NEW CUMBERLAND WV 2604	PAST UNIT CHAIRMAN	2336	466	2802
BRIAN K. FAIN RT. 1 BOX 543A MT. CLAIRE WV 26408	UNIT CHAIRMAN 5/HRS PER WK <input type="checkbox"/>	640	104	744
DENNIS D. KELLEY 2633 ELDERSVILLE RD FOLLANSBEE WV 26037	PAST TREA.	277	11	288
BRIAN S. MISCH RD 1 BOX 237S WELLSBURG WV 26070	TREA. /5HRS PER WK	3062	578	3640
RICHARD C. WINDON 673 HALLECK RD FAIRMONT WV 26554	FIN. SEC. 10/PER WK	1358	174	1532
TIMOTHY L. HAIRSTON 197 MARSHALL AVE WESTOVER WV 26501	REC. SEC. /10HRS PER WK	2681	579	3260

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	
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	✓
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 tax year covered by this return?	38a	✓
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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	✓
41 List the states with which a copy of this return is filed.		
42a The organization's books are in care of ► <i>Richard C Windon</i> Telephone no. ► 304 291 3130 Located at ► <i>673 Halleck Rd Fairmont WV 26554</i> ZIP + 4 ► 26554		
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)?	42b	✓
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.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
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 ► 273.00		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	45a	✓
		46	✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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."

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Sign Here	 Signature of officer	3-8-11 Date
Richard C. Windon Fin. Sec.		
Type or print name and title		

Print or type firm name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

IBEW 2357

Employer Identification number

55-0540394

(8) Rebate from Brickstreet Compensation Ins. \$135.00

(10) International IBEW dues \$16040.00, Initiation fee \$10.00, WV AFLCIO dues \$1505.00

(16) Christmas gift cards for members, Education training, Lodging, Meals, Travel, Misc.

(20) taxes collected but not due til 2011