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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 627, 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

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning		Ja.1	, 2011, and ending	Dec.31	, 2011
<input checked="" type="checkbox"/> Check if applicable. <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>IBEW235</b> <b>Number and street (or P O box, if mail is not delivered to street address)</b> <b>673 Halleck Rd</b> <b>City or town, state or country, and ZIP + 4</b> <b>Fairmont WV 26554</b>		<b>D Employer identification number</b> <b>55-0540394</b> <b>E Telephone number</b> <b>304 291-3130</b> <b>F Group Exemption Number</b> ►	
<b>G Accounting Method.</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ►				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ►					
<b>J Tax-exempt status (check only one)</b> — <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					
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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.</b>					
<b>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</b>				► \$ 0	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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	61505	
	4	Investment income . . . . .	4	148	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		
	b	Less: cost or other basis and sales expenses . . . . .	5b		
	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		
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			
c	Less: direct expenses from gaming and fundraising events . . . . .	6c			
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			
b	Less: cost of goods sold . . . . .	7b			
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	3535		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	65188		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	21403	
	11	Benefits paid to or for members . . . . .	11	0	
	12	Salaries, other compensation, and employee benefits . . . . .	12	2293	
	13	Professional fees and other payments to independent contractors . . . . .	13	22963	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	6859	
	15	Printing, publications, postage, and shipping . . . . .	15	1249	
	16	Other expenses (describe in Schedule O) . . . . .	16	6370	
17	<b>Total expenses.</b> Add lines 10 through 16 ►	17	62347		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2841	
	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	79544	
	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	80719	

P 8

**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	77878	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	77878	25
26	Total liabilities (describe in Schedule O)	1175	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	76703	27
			80719

**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 III What is the organization's primary exempt purpose? **representing members in IBEW2357**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Willis E. Morton II 1510 River Rd Morgantown WV 26501	pres. 10/hrs per week	5611	0	1736
Timothy J. Criss 111 Euclid Ave Clarksburg WV 26301	VP 10/hrs per week	1153	0	518
Joseph A. Blankenship 18223 Brandonville Pike Bruceton Mills WV 26525	Unit Chairman 5/hrs per week	1916	0	101
Brian K. Fain Rt 1 Box 543A Mount Claire WV 26037	Unit Chairman 5/hrs per week	1874	0	340
Brian S. Misch Rd 1 Box 237S Wellsburg WV 26070	Treasurer 5/hrs per week	4138	0	853
Richard C. Windon 673 Halleck Rd Fairmont WV 26554	Fin. Sec. 10/hrs per week	998	0	161
Timothy L. Hairston 197 Marshall Ave Westover WV 26501	Rec. Sec. 10/hrs per week	1977	0	409
David P. Cogar 89 Crestview Webster Springs WV 26288	Unit Chairman 5/hrs per week	2571	0	1048

**Part V Other Information** (Note the Schedule A and personal benefit contract 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	33	✓
34	34	✓
35a	35a	✓
b	35b	✓
c	35c	✓
36	36	✓
37a	37a	
b	37b	✓
38a	38a	✓
b	38b	
39	39a	39b
a		
b		
40a	40b	40e
b		
c		
d		
e		
41		
42a	Richard C Windon	Telephone no. ► 304 291-3130
Located at ► 673 Halleck Rd Fairmont WV 26554		ZIP + 4 ► 8622
b		
c		
d		
43	43	148
44a	44a	✓
b	44b	✓
c	44c	
d	44d	✓
45a	45a	✓
b	45b	✓

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

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) . . . . .

Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . .

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? . . . . .

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? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

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 . . . . .

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. . . . .

List the states with which a copy of this return is filed. ► \_\_\_\_\_

The organization's books are in care of ► Richard C Windon Telephone no. ► 304 291-3130

Located at ► 673 Halleck Rd Fairmont WV 26554 ZIP + 4 ► 8622

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.

At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

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

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

Did the organization receive any payments for indoor tanning services during the year? . . . . .

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

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) . . . . .

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 . . . . .		46	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> 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 <input type="checkbox"/>			
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		47	<input type="checkbox"/> Yes <input type="checkbox"/> No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		48	<input type="checkbox"/> Yes <input type="checkbox"/> No
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		49a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," was the related organization a section 527 organization? . . . . .		49b	<input type="checkbox"/> Yes <input type="checkbox"/> 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) Reportable compensation (Forms W-2/1099-MISC)
(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation	
<div style="border: 1px solid black; height: 100%; width: 100%;"></div>			
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
(d) Total number of other independent contractors each receiving over \$100,000 . . . . ►			
52 Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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.			
<b>Sign Here</b>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 10px; margin-right: 10px;">► <i>Richard C. Windon</i></div> <div style="flex: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: center;">Signature of officer</div> <div style="flex: 1; text-align: center;">2-26-12</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: center;">Date</div> <div style="flex: 1; text-align: center;"></div> </div> </div> </div>		
	<div style="display: flex; align-items: center;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 10px; margin-right: 10px;">► <i>Richard C. Windon Fin. Sec</i></div> <div style="flex: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: center;">Type or print name and title</div> <div style="flex: 1; text-align: center;"></div> </div> </div> </div>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 10px; margin-right: 10px;">Check <input type="checkbox"/> if self-employed</div> <div style="flex: 1; text-align: center;">PTIN</div> </div>
	Firm's name ►		Firm's EIN ►
	Firm's address ►		Phone no.
May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No			

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.

Richard C. Windsor 2.26.12

Sign Here *Richard C. W. A. F. S.* Signature of Officer Date

Richard C. Windsor Fin. Sec

Type or print name and title

**Paid**  **Print/Type preparer's name**  **Preparer's signature**  **Date**  **Check**  **if** **PTIN**

**Preparer** \_\_\_\_\_ self-employed \_\_\_\_\_

**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

Name of the organization  
**IBW 2357**

**Employer identification number**

(8) 264.49 Rebate from Local 586 for conf. expense, 2975.50 International refund for Vancouver Canada international conf., 295.50 refund

**Brickstreet Ins.**

(10) 19855.60 dues International, 1547.10 dues WV AFL-CIO

(16) Retirement watches, mileage, AFL-CIO summer school, meals, Presidents luggage stolen at LAX on return flight from Canada

(20)liability put on 2010 form subtracted already from 2011 added back in

**(26) taxes for 2010 pd in 2011**