

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **N/C INTE**
 Number and street (or P O box, if mail is not delivered to street address): **4 McDougal Dr**
 City or town: **Charleston** State: **SC** ZIP code: **29414**
 Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: **05**

D Employer identification number: **30-0662154**

E Telephone number: **(843) 530-5651**

F Group Exemption Number: **0064**

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) (insert no) 4947(a)(1) or 527

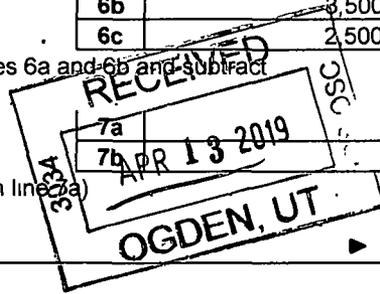
K Form of organization: Corporation Trust Association Other **Labor Union**

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 57,467**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	51,640
	4	Investment income	4	70
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	3,500
6c	Less direct expenses from gaming and fundraising events	6c	2,500	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,000	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	2,257	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,967	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	1,325
	12	Salaries, other compensation, and employee benefits	12	23,218
	13	Professional fees and other payments to independent contractors	13	1,041
	14	Occupancy, rent, utilities, and maintenance	14	960
	15	Printing, publications, postage, and shipping	15	237
	16	Other expenses (describe in Schedule O)	16	35,917
	17	Total expenses. Add lines 10 through 16	17	62,698
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,731
	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	31,212
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	799
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,280



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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	21,454	22 14,183
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,758	24 10,097
25 Total assets	31,212	25 24,280
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,212	27 24,280

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? _____

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

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 0

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 title	(b) 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
Mark Shipman President	Hr/WK 15 00	5,406		
David Himmel Vice President	Hr/WK 15 00	9,706		
Douglas Ward Financial Secretary	Hr/WK 10 00	1,560		
Russell Michi Treasurer	Hr/WK 2 00	804		
Jeff Walters Recording Secretary	Hr/WK 2 00	804		
Mike Hurley Steward	Hr/WK 1 00	552		
Howard Via Steward	Hr/WK 1 00	552		
Johnny Brinson Steward	Hr/WK 1 00	552		
Wally Gerkins Steward	Hr/WK 1 00	552		
Clint Coker Steward	Hr/WK 1 00	552		
Steven Hill Steward	Hr/WK 1 00	552		
Pete Skubal Steward	Hr/WK 1 00	552		

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

33 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
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
35 a 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)?
35 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
35 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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Russell Michl Telephone no (843) 276-4738
Located at 489 Nelliefield Trail City Charleston ST SC ZIP + 4 29492
42 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
42 c At any time during the calendar year, did the organization maintain an office outside the United States? 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
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 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
44 c Did the organization receive any payments for indoor tanning services during the year?
44 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
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b 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

Table with columns Yes and No. Rows correspond to questions 33 through 45b. Marked 'X' in the 'No' column for questions 33, 34, 35a, 35c, 36, 37b, 38a, 40e, 42b, 42c, 44a, 44b, 44c, 44d, 45a.

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

Table with columns Yes, No and row 46 with X in No column.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations 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

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

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation.

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (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? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No (X)

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: Douglas Ward, Jr. Date: 4/2/2019. Financial Secretary.

Paid Preparer Use Only section with fields for name, signature, date, firm name, EIN, and phone number.

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

Name of the organization

IBEW 1753

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

30-0662154

Form 990-EZ, Part I, Line 8, Other Revenue T-Shirt Sales 2,257

Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,624

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 1,964

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 640

Form 990-EZ, Part I, Line 16, Other Expenses Flag 209

Form 990-EZ, Part I, Line 16, Other Expenses Dues Over Payment 510

Form 990-EZ, Part I, Line 16, Other Expenses Tax Software 76

Form 990-EZ, Part I, Line 16, Other Expenses Retirement 111

Form 990-EZ, Part I, Line 16, Other Expenses Door Prize Cash 325

Form 990-EZ, Part I, Line 16, Other Expenses Per Capita 23,123

Form 990-EZ, Part I, Line 16, Other Expenses Draft Fee's 20

Form 990-EZ, Part I, Line 16, Other Expenses Backup Withholdings 7

Form 990-EZ, Part I, Line 16, Other Expenses Flower Fund 135

Form 990-EZ, Part I, Line 16, Other Expenses Donation 458

Form 990-EZ, Part I, Line 16, Other Expenses Political Action Commity 500

Form 990-EZ, Part I, Line 16, Other Expenses Cost of T-Shirts 2,865

Form 990-EZ, Part I, Line 16, Other Expenses Uncashed Checks from 2017 Cleared 350

Form 990-EZ, Part I, Line 20, Net Assets Deposits to Savings Account 799

Form 990-EZ, Part II, Line 24, Other Assets Savings Account Beginning of year 1,429, End of
year 1,729

Form 990-EZ, Part II, Line 24, Other Assets 6 Month CD Beginning of year 8,329, End of
year 8,368