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De; artment of the Treasury Internal Revenue Service

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)

Open to Public Inspection

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	2010 calendar year, or tax year beginning and	ending		
B	heck if	C Name of organization		D Employer identific	cation number
a	pplicable	INTERNATIONAL BROTHERHOOD OF ELECTRICA	AL		
	Address change	WORKERS LOCAL #2327	_		
F	Name	Doing Business As		01-0	288542
H	change lnitial		Room/suite	E Telephone number	
<u> </u>	return Termin-	1,4-11-2-1 -11-1 (-11-11-11-11-11-11-11-11-11-11-11-11-11	NOOH/Suite)623-2901
<u> </u>	ated Amende	21 GABRIEL DRIVE	· · · · · · · · · · · · · · · · · · ·	1,076,467.	
<u> </u>	return Applica-	City or town, state or country, and ZIP + 4		G Gross receipts \$	
_	tion pending	AUGUSTA, ME 04330		H(a) Is this a group re	
		F Name and address of principal officer PETER MCLAUGHLIN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		npt status $501(c)(3)$ $X 501(c)(5)$ (insert no.) 4947(a)(1) of	or 527	-	list (see instructions)
		:▶ IBEW2327.ORG		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1979 N	State of legal domicile ME
P		Summary			
a)	1 B	riefly describe the organization's mission or most significant activities ${ m { extbf{TO}}}{ m { extbf{Rl}}}$	EPRESE	ENT LOCAL EL	ECTRICAL
Š	l v	ORKERS EMPLOYED BY TELEPHONE COMPANIES.			
L 3	2 0	heck this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
Š	3 1	umber of voting members of the governing body (Part VI, line 1a)		3	14
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)		4	13
ο O		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	5
Activities & Governance		otal number of volunteers (estimate if necessary)		6	<u>5</u>
흦		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
ĕ	1	let unrelated business taxable income from Form 990-T, line 34		7b	0.
-	-	et uniciated business taxable income from 1 offi 330 1, inic 54		Prior Year	Current Year
)	Contributions and grants (Part VIII line 1b)		100.	700.
ě,	8 (contributions and grants (Part VIII, line 1h)		1,009,787.	1,069,045.
** Revenue	, 9 F	rogram service revenue (Part VIII, line 2g)		1,210.	2,262.
e e	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		22,562.	3,960.
	41 1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		1,075,967.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,033,659.	
S	13 0	irants and similar amounts paid (Part IX, column (A), lines 1:3)	-	2,175.	2,543.
~	14 E	enefits paid to or for members (Part IX, column (A), line 4)RECEIVED	, , }	3,000.	3,000.
es:	15 8	alaries, other compensation, employee benefits (Part _I IX, column (A), lines 5-10)	ו וכטו	491,710.	511,472.
(E)	16a F	rofessional fundraising fees (Part IX, column (A), line 11e) DCT 2 6 2011	!Q L	0.	<u> </u>
[HXPen3es	рТ	otal fundraising expenses (Part IX, column (D), line 25)	101		
Щ.		other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1=1	367,006.	347,439.
	18 1	otal expenses Add lines 13-17 (must equal Part IX, column (A) line 25), U1		863,891.	<u>864,454.</u>
	19 F	levenue less expenses Subtract line 18 from line 12		169,768.	211,513.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		344,733.	552,023.
ASS	21 T	otal liabilities (Part X, line 26)		19,362.	15,139.
활동	22 1	let assets or fund balances Subtract line 21 from line 20		325,371.	536,884.
P	art II	Signature Block		<u>-</u>	
Und	ler penal	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
		and complete. Deplaration of preparer (other than efficer) is based on all information of wi			•
	1	Intellable		10/21/	701/
Sıg	.	Signature of officer		Date	
He		PETER MCLAUGHLIN, BUSINESS MANAGER			
110		Type or print name and title			
7		Rrint/Type preparer's name Preparer's signature		Date Check	PTIN
Pai.	101	THOMAS EMERY		10/18/11 self-employe	
المرا	narer	Firm's name RUNYON KERSTEEN OUELLETTE		Firm's EIN	
Hee		Firm's address 20 LONG CREEK DRIVE		TAITISLIN	·
∪56 •		SOUTH PORTLAND, ME 04106		Phone no. 2	07-773-2986
	ر المحمد الم			FIIOHE IIU. Z	
Ma	y_ineliH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

01-0288542 WORKERS LOCAL #2327 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission TO. REPRESENT LOCAL ELECTRICAL WORKERS EMPLOYED BY TELEPHONE COMPANIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported including grants of \$) (Revenue \$ (Code) (Expenses \$ PROVIDED SUPPORT TO UNION MEMBERS FOR ARBITRATION, GRIEVANCES, NEGOTIATIONS, POLICING CONTRACT LANGUAGE AND OTHER WORKER ISSUES. including grants of \$ ______) (Revenue \$ (Code) (Expenses \$ (Code.) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

Form 990 (2010)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Total program service expenses

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х is the organization required to complete Schedule B, Schedule of Contributors? 2 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 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect N/A during the tax year? If "Yes." complete Schedule C. Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business. X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) WORKERS LOCAL #2327
Part IV | Checklist of Required Schedules (continued)

_	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱,,
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Δ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZUA	11/	
U	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	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			[-
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
o.	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			**
5 4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Aleke All Form 000 filers are required to complete Schodule O	20 1	Y	I

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Par	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			_,,,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		х	
_	any contributions that were not tax deductible?	6a		-
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	OD	-22	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	0040:

Form 990 (2010) WORKERS LOCAL #2327 01-0288542 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions v

	Check if Schedule O contains a response to any question in this Part VI		-	
<u>Sec</u>	tion A. Governing Body and Management	1		
•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1a 14 1b 13	- I		
ь 2	Enter the number of voting members included in line 1a, above, who are independent 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	'		
2	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х Х Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	i		- <u></u>
	December of the control of the contr	40	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	Х	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		_
b 12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	_	
	List the states with which a copy of this Form 990 is required to be filed ME			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
.5	public inspection. Indicate how you make these available Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
. •	statements available to the public.	-	-	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨		
	PETER MCLAUGHLIN - (207)623-2901			
	21 GABRIEL DRIVE AUGUSTA, ME 04330			

WORKERS LOCAL #2327

01-0288542

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A.. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a_ Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	l ,_,		Posi			1. A	Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	all t		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
DIANE WINTON											
PRESIDENT	50.00	X		X				116,039.	0.	5,691.	
MICHAEL BEECY	j								•		
VICE PRESIDENT	1.00	X	ļ.,	Х				0.	0.	0.	
JULIE DAWKINS						İ			_	_	
RECORDING SECRETARY	2.00	X		X				1,573.	0.	0.	
PETER KEEFE							ļ		_	_	
TREASURER	2.00	X	_	X				835.	0.	0.	
SHELDON ALLEY								1	_	_	
DIRECTOR	1.00	X		_		<u> </u>		869.	0.	0.	
TIMOTHY BARDSLEY					ŀ			_	_	_	
DIRECTOR	1.00	X		<u> </u>		ļ		0.	0.	0.	
CHRISTIAN CORBETT				ĺ	ľ	Ì			_	_	
DIRECTOR	1.00	X	<u>.</u>	<u> </u>	<u></u>	_		526.	0.	0.	
TODD LEFEBVRE									_	_	
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	784.	0.	0.	
REID FRANK									_	_	
DIRECTOR	1.00	X	ļ	ļ	L.	ļ		196.	0.	0.	
REBECCA HAYES									_	_	
DIRECTOR	2.00	X			_			502.	0.	0.	
BENNIE JONES									_	_	
DIRECTOR	1.00	X	ļ	<u> </u>	_	ļ	_	1,091.	0.	0.	
PETER LEVASSEUR			1								
DIRECTOR	1.00	X	<u> </u>	_	_		<u> </u>	1,629.		0.	
MATTHEW POLO			1			ľ					
DIRECTOR	1.00	X	<u> </u>	_	<u> </u>	<u> </u>	\vdash	275.	0.	0.	
CHARLES STEVENS	1										
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	161.	0.	0.	
PETER MCLAUGHLIN	F0 00			,		1		104 005	^	6 007	
BUSINESS MANAGER	50.00	⊢	₩	X	\vdash	-	 —	124,885.	0.	6,097.	
JENNIFER NAPPI	40.00			1		7.		116 020	^	F 155	
ASST, BUS, MGR	40.00					X	1	116,039.	0.	5,155.	

Form 990 (2010)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	, (A)	(B)	(C)			(D)	(E)	,		(F)				
•	Name and title	Average			Pos				Reportable	Reportable		Est	mate	d
		hours per	(c	heck	all 1	that	app	ly)	compensation	compensatio		amo	ount o	of
		week	ě						from	from related			ther	
-		(describe	Individual trustee or director				, e		the	organizations		comp		
		related	50 92	stee			nsate		organization	(W-2/1099-MIS	SC)		m the	
		organizations	trust	al tru),ee	ompe		(W-2/1099-MISC)			-	nızatı relate	
		ın Schedule	Nd uz	Institutional trustee	ā	Key employee	Highest compensated employee	횰				orgar		
		O)	횰	list	Officer	Key	E e	Former						
				1									_	
						Į								
		t												
	-						1							
					•	İ								
		1	-		<u> </u>	\vdash	1							
			\vdash	\vdash	-		+-						_	
			╁─			1	\vdash							
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		1												
			1	-		┢	1	╁		<u>.</u>				
		i												
			 	┢	-	 	╁	┢						
										I				
		l	l		l	<u> </u>	 	<u> </u>	365,404.		0.	16	: 0	43.
	Sub-total								0.		0.		7 7	0.
	Total from continuation sheets to Part V	II, Section A							365,404.		0.	16	. 0	43.
	Total (add lines 1b and 1c)						-\			000			,,,	4 J.
2	Total number of individuals (including but r	not limited to tr	1056	IISTE	∌u a	DOV	e) w	no r	eceived more than \$100	,,000 in reportabl	Ю			3
	compensation from the organization												Yes	No
_	D. I. II					1-			numbers compensated or	nnlavos on				
3	Did the organization list any former officer			э, кө	y en	npio	iyee,	Or I	nignest compensated ei	nployee on				Х
_	line 1a? If "Yes," complete Schedule J for s					_4		المصالم	har assessment on frame	the executation		3		
4	For any individual listed on line 1a, is the si									tne organization			İ	Х
_	and related organizations greater than \$15											4		
5	Did any person listed on line 1a receive or							reiat	ted organization or indiv	idual for services	i	_		X
	rendered to the organization? If "Yes," con	npiete Schedui	e J	tor s	ucn	per	son					5		
	tion B. Independent Contractors								that -ana	£100 000 -4		otion f		
1	Complete this table for your five highest co	impensated in	uep	enae	erit C	ont	ract	ors t	mat received more than	Φ LOO'OOO OL COU	ipens	auon ir	UIII	
	the organization NONE								(D)			(0)		
	(A) Name and business	address							(B) Description of s	services	c	(C) Compen		n
	Traine and bearings							\dashv	2000					
					_			\dashv	-					
				_										
					مد ام	. 41	202 1	0 * 0 -	d abovo) who recomed =	nore than				
2	Total number of independent contractors		10t l	ımıte	:O TO		_	SIOC	u apovej wno received n	iore than				
	\$100,000 in compensation from the organ	zation					0					Form C	ΩΩ (2010

Form 990 (2010) WORKERS LOCAL #2327
Part VIII Statement of Revenue

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•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, g	С	Fundraising events	1c					
a High	d	Related organizations	1d					
ξĒ	е	Government grants (contribut	ions) 1e					
i i	f	All other contributions, gifts, gran	ts, and					
혈		similar amounts not included abor	ve 1f	700.				
텵	g	Noncash contributions included in lines	1a-1f \$			ļ	İ	
<u>5</u> 6	h	Total. Add lines 1a-1f		<u> </u>	700.			
				Business Code	1000015	1050045		
Se	2 a	MEMBERSHIP DUES		900099	1069045.	1069045.		
e Z	b							
n S	С							
e a	d							
Program Service Revenue	е							
<u>. </u>		All other program service reve	enue		1069045.			
		Total. Add lines 2a-2f			1009045.			
,	3	Investment income (including	aividenas, inter	est, and	2,262.			2,262.
İ	_	other similar amounts)			4,404.			2,202.
	4	Income from investment of ta	x-exempt bona	proceeds				· · · · · · · · · · · · · · · · · · ·
ļ	5	Royalties	(ı) Real	(II) Personal				
		Gross Rents	(i) Real	(ii) Personal				
	6 a	Less rental expenses						
	0	Rental income or (loss)						
		Net rental income or (loss)		•				
1		Gross amount from sales of	(i) Securities	(II) Other				
	, ,	assets other than inventory	() 2000	(1) 0 1.101				
	ь	Less, cost or other basis						
	_	and sales expenses						
1	С	Gain or (loss)						
	d							
e le	8 a	Gross income from fundraisin	g events (not					
ᇍ		including \$	of					
Other Reven		contributions reported on line	1c) See					
ا ا		Part IV, line 18	a	·				
Ě١		Less. direct expenses	t	·				
		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming ad		1 200				
		Part IV, line 19	8		-			
		Less direct expenses	t	500.	890.			890.
		Net income or (loss) from gan			690.			830.
	10 a	Gross sales of inventory, less		1,263.			,	
		and allowances Less cost of goods sold	a t					
		Net income or (loss) from sale		,	1,263.			1,263.
	<u>C</u>	Miscellaneous Revent		Business Code			<u>.</u>	1,203.
	11 2	MISCELLANEOUS		900099	1,807.	1,807.		
	ii a			30000	= 7007.			
	C			-				
	d			-				
	-	Total. Add lines 11a-11d		•	1,807.			
	12	Total revenue See instructions.			1075967.		0.	4,415.
03200	9							Form 990 (2010)

Form 990 (2010) WORKERS LOCAL
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,543.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,000.	<u> </u>	-	
5	Compensation of current officers, directors,	050 556			
	trustees, and key employees	259,556.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	101 527			
7	Other salaries and wages	191,527.		+	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,524.			
		11,071.			
9 10	Other employee benefits Payroll taxes	31,794.			
11	Fees for services (non-employees)	31,131			
	Management				
b	Legal	24,916.			. ,
	Accounting	8,090.			
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	20,902.			
14	Information technology			<u> </u>	
15	Royalties				
16	Occupancy	14,400.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 000	_ -		
19	Conferences, conventions, and meetings	3,800.			
20	Interest				
21	Payments to affiliates	13,742.			
22	Depreciation, depletion, and amortization	12,345.	-		
23	Other expenses. Itemize expenses not covered	12,343.			
24	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	PER CAPITA TAX	169,861.			
b	ARBITRATION EXPENSE	25,308.			
c	BUSINESS MANAGER EXPENS	14,041.			
d	REPAIRS & MAINTENANCE	10,311.			
е	ASSISTANT MANAGER EXPEN	9,873.			
f	All other expenses	19,850.			
25	Total functional expenses Add lines 1 through 24f	864,454.			
26	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				Form 990 (2010)

Form 990 (2010)

WORKERS LOCAL #2327

Part X Balance Sheet (A) (B) Beginning of year End of year 25. 25. 1 1 . Cash - non-interest-bearing 312,939. 532,857. Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule I Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 93,022. basis Complete Part VI of Schedule D 10a 73,881 31,769. 19,141. 10c 10b b Less accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 344,733. 552,023. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,642. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 18,061. 11,567. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 930. 1,301. 25 25 Other liabilities Complete Part X of Schedule D 19,362. 15,139. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 325,371. 536,884. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 325,371. 33 536,884. 33 Total net assets or fund balances 344,733. 552,023. Total liabilities and net assets/fund balances

Form 990 (2010) WORKERS LOCAL #2327 01-0288542 Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1,075,967. Total revenue (must equal Part VIII, column (A), line 12) 1 864,454. 2 Total expenses (must equal Part IX, column (A), line 25) 2 211,513. 3 Revenue less expenses. Subtract line 2 from line 1 3 325,371. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 5 536,884. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a **b** Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2010)

За

X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 9	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III	1		
Nam	ne of organization INTERNA	TIONAL BROTHERHO	OD OF ELECT	RICAL Emp	loyer identification number
	WORKERS	LOCAL #2327			01-0288542
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
					·
1	Provide a description of the organization	zation's direct and indirect politic	al campaign activities	ın Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
					
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
_ <u>b</u>	If "Yes," describe in Part IV			·····	
Pa	rt I-C Complete if the org	ganization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt fund	ction activities > \$	·
2	Enter the amount of the filing organ	nization's funds contributed to otl	ner organizations for s	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL		
	line 17b			▶ \$	V N-
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	mployer identification number (Ell	N) of all section 527 p	olitical organizations to whic	ch the filing organization
	made payments For each organiza	ation listed, enter the amount paid	from the filing organ	ization's funds. Also enter th	ne amount of political
	contributions received that were pr			•	ite segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization
		•			If none, enter -0-
			1		
		1			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	WORKE	ERS LO	CAL #2327		01-0	288542 Page 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check 🕨 🔙 if the filing organizat	tion belong	s to an affi	liated group			
B Check 🕨 📖 if the filing organizat	tion checke	ed box A ar	nd "limited control" pro	visions apply		
	ts on Lobb ditures" me		nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	jence publi	c opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and	1b)			=	
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add lines	s 1c and 1c	i)			
f Lobbying nontaxable amount. Ente	er the amou	ant from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	iter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, er	nter -0-			· · · · · · · · · · · · · · · · · · ·	
j If there is an amount other than ze	ro on eithei	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this						Yes No
•	ations tha	t made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
· · · · · · · · · · · · · · · · · · ·	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2		(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					·	_
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount			1			
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 WORKERS LOCAL #2327 01-0288542 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(2	3)	(b)
•		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C					_
	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
1	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
i	Total Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	- 21	Х
3	Did the organization make only inmodes lobbying expenditures of \$42,000 of loss: Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		<u> </u>
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."		ne 3 is a		
1	Dues, assessments and similar amounts from members	iaal	1_1_		<u>.</u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(6 tox was point)	icai			
	expenses for which the section 527(f) tax was paid). Current year		2a		
	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		į		
	expenditure next year?		4		<u>-</u>
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	ind Part II-B,	line 1ı Also	o, complete	this part
for a	ny additional information				
			· -··		
-					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

Employer identification number 01-0288542

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
_	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor							
•	for charitable purposes and not for the benefit of the donor		•					
	impermissible private benefit?		Yes No					
Pai		ganization answered "Yes" to Form 990. Pa						
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or	C	orically important land area					
	Protection of natural habitat	Preservation of a certif	• •					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	of a conservation easement on the last					
_	day of the tax year.							
	ady of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
h	Total acreage restricted by conservation easements	2b						
c	Number of conservation easements on a certified historic st	2c						
d								
•	listed in the National Register	2d						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	\					
•	year >	, a,	organization cannig the tax					
4	Number of states where property subject to conservation ea	asement is located >						
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·						
•	violations, and enforcement of the conservation easements	<u> </u>	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting							
7	Amount of expenses incurred in monitoring, inspecting, and	-						
8	Does each conservation easement reported on line 2(d) abo							
•	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense						
v	include, if applicable, the text of the footnote to the organization	•						
	conservation easements		ins organization s accounting to					
Pai	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" to Form							
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.					
	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical					
~	treasures, or other similar assets held for public exhibition, e	•						
	relating to these items:	radoution, or rescarcing in fartherance of pub	me service, provide the following amounts					
	(i) Revenues included in Form 990, Part VIII, line 1		L ¢					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	easures or other similar assets for finescial						
2	the following amounts required to be reported under SFAS		gani, provide					
_	Revenues included in Form 990, Part VIII, line 1	170 (100 000) relating to these items	S \$					
a	Assets included in Form 990, Part X		\$					
ט	maacta miciuudu iii i oiiii aad, Fall A		— u					

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327 01-0288542 Page 2 Schedule D (Form 990) 2010 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? If "Yes." explain the arrangement in Part XIV and complete the following table **Amount** c Beginning balance 1c 1d Additions during the year 1e Distributions during the year 1f Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (c) Two years back (d) Three years back (e) Four years back (b) Prior year (a) Current year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment % Permanent endowment % b Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by (i) unrelated organizations 3a(i) 3a(ii) (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (d) Book value Description of investment (c) Accumulated basis (investment) basis (other) depreciation

> ► 19,141. Schedule D (Form 990) 2010

16,584.

17,307

56,574

19,864.

73,158.

1a Landb Buildings

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Equipment

Other

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327 01-0288542 Page 3 Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1)(2)(3) (4)(5) (6)(7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3) (4)(5) (6) (7) (8)(9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15. Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes (1) 930. CAPITAL LEASE PAYABLE (2)(3) (4)(5) (6)(7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

(11)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

	dule D (Form 990) 2010 WORKERS LOCAL #2327				288542	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment	s	
.1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,075	967.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			454.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		211	<u>513.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7	_		
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an		10			513.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	1,089	<u>946.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а	Net unrealized gains on investments	2a]		
b	Donated services and use of facilities	2b		.		
C	Recoveries of prior year grants	2c] [
d	Other (Describe in Part XIV.)	2d 1	3,979.] i		
е	Add lines 2a through 2d	-		2e	13	979.
3	Subtract line 2e from line 1			3	1,075	967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b]		
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,075	967.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per	Retu		
1	Total expenses and losses per audited financial statements			1		836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a				
-	Prior year adjustments	2b		1 1		
b	Other losses	2c		1 1		
٦	Other (Describe in Part XIV)		6,382.	1		
d	Add lines 2a through 2d		10/3021	2e	16	,382.
e	Subtract line 2e from line 1			3		454.
3				"	- 004	, 1311
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 40				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
	Other (Describe in Part XIV.)	4b i		ا ۔ ا		0.
	Add lines 4a and 4b Table was accessed from 1900 Port Line 190			4c	961	,454.
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5	004	,434.
		U been de and 4 D	1\ / .l 1	h ====d (Don't V. Inc.	4 David
	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II					4, Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp					
PAI	RT X, LINE 2: EFFECTIVE JANUARY 1, 2010, T	HE ORGANIZ	LATION	ADU	PTED	
ואיד	PROVISIONS OF ACCOUNTING FOR UNCERTAINTY	IN INCOME	с тахес	SAS	PROVIDI	₹D
						
FOI	R IN THE INCOME TAXES TOPIC OF THE FASB AC	COUNTING S	TANDAR	RDS		
<u>CO</u> 1	DIFICATION. THIS STATEMENT CLARIFIES THE C	RITERIA TI	AT AN	IND:	IVIDUAL	TAX
PO	SITION MUST SATISFY FOR SOME OR ALL OF THE	BENEFITS	OF THA	T P	OSITION	то
	RECOGNIZED IN AN ENTITY'S FINANCIAL STATE					
						•
KE(COGNITION THRESHOLD OF MORE LIKELY-THAN-NO	T, AND A I	<u>IEASUKE</u>	'MEN'	r ATTRII	OUTE

FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, IN

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327 01-0288542 Page 5 Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) ORDER FOR THOSE TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THERE WAS NO CUMULATIVE EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS RELATED TO ADOPTION OF THESE PROVISIONS, AND NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WERE ACCRUED. THE ORGANIZATION IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES FOR THE YEARS ENDED DECEMBER 31, 2007 THROUGH DECEMBER 31, 2010. PART XII, LINE 2D - OTHER ADJUSTMENTS: 500. DIRECT EXPENSE - RAFFLE SEGREGATED PAC FUND - INCOME 13,802. -323. OTHER ADJUSTMENTS 13,979. TOTAL TO SCHEDULE D, PART XII, LINE 2D PART XIII, LINE 2D - OTHER ADJUSTMENTS: DIRECT EXPENSE - RAFFLE 500. 15,882. SEGREGATED PAC FUND - EXPENSES 16,382. TOTAL TO SCHEDULE D, PART XIII, LINE 2D

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.

2010
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

Employer identification number 01-0288542

FORM 990, PART VI, SECTION A, LINE 6: LOCAL 2327 OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS HAS JURISDICTION OVER TELEPHONE PLANT. TRAFFIC, SALES AND TELEPHONE ACCOUNTING WORK WHEN PERFORMED BY EMPLOYEES OF SUCH TRADES IN MAINE, EXCEPT FOR KITTERY, MAINE. FORM 990, PART VI, SECTION A, LINE 7A: NOMINATIONS FOR LOCAL UNION OFFICERS ARE HELD AT THE REGULAR MEETING OF EACH UNIT IN APRIL OF ELECTION YEARS. ANY MEMBER CAN NOMINATE ANOTHER MEMBER FOR OFFICE. AFTER NOMINATIONS CLOSE, THE PRESIDENT APPOINTS AN ELECTION JUDGE AND THE REQUIRED TELLERS TO CONDUCT THE ELECTION. VOTING IS DONE BY MAIL BALLOT AND IS OPEN TO ALL MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE BYLAWS MUST BE APPROVED BY A MAJORITY OF THE MEMBERS PRESENT AT THE RESPECTIVE UNIT MEETING. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS PREPARED BY THE ORGANIZATION'S INDEPENDENT AUDITORS, THEN PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE BUSINESS MANAGER, BOARD OFFICERS AND ASSISTANT BUSINESS MANAGER ARE PER ARTICLE VI OF THE ORGANIZATION'S BYLAWS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

Name of the organization	INTERNATIONAL	BROTHERHOOD	OF ELECTRICAL	Employer identification number
	WORKERS LOCAL	#2327		01-0288542
FORM 990 PART	XII LINE 1:			
•				
MODIFIED CASH	BASIS			
				<u> </u>
FORM 990, PAR	T XII, LINE 2(C)- AUDIT OV	ERSIGHT:	
PROCESS HAS N	OT CHANGED			
THOUSED THIS IN	OI CHANGED!			
				
		······································		
		<u>.</u>		
				<u> </u>
				

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 01 - 0288542

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) #2327 WORKERS LOCAL Part

BROTHERHOOD OF ELECTRICAL

INTERNATIONAL

Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

(g) Section 512(b)(13) Ş controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 327 Legal domicile (state or foreign country) POLITICAL ACTION COMMITTEE MAINE Primary activity Name, address, and EIN of related organization IBEW 2327 PAC (FEC #C00407452) AUGUSTA, ME 04330 21 GABRIEL DR

×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

032161 12-21-10 LHA

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

Page 2

01-0288542

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Percentage ownership Schedule R (Form 990) 2010 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V-UBI Ceneral or Pranging a mount in box managing or 20 of Schedule Pariner? (Form 1065) Yes No Share of end-of-year assets 6 Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ **e** Primary activity Direct controlling entity € (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

7

01-0288542 Page 3

Schedule R (Form 990) 2010 WORKERS LOCAL #2327

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes No	힞
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed in Parts II-IV?			\dashv	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	~	×
			,	10	7	×
c Gift, grant, or capital contribution from other organization(s)				10	7	×
d Loans or loan guarantees to or for other organization(s)				1d	^	×
				1 e	_	×
				+	+	
f Sale of assets to other organization(s)				=	7	×
g Purchase of assets from other organization(s)				19	~	×
				1h	_	×
				÷	_ `	×
i Lease of facilities, equipment, or other assets to other organization(s)				=		
j Lease of facilities, equipment, or other assets from other organization(s)				-i-	_	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ation(s)			¥	~	×
Performance of services or membership or fundraising solicitations by	ation(s)			=	_	×
m Sharing of facilities, equipment, mailing lists, or other assets				1m	7	×
				1n	7	×
 Reimbursement paid to other organization for expenses 				10	7	×
				1p	ζ	×
 Other transfer of cash or property to other organization(s) 				19	_	×
				11	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	to must complete th	s line, including covered relationships and transa	ction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)						
(5)						- 1
(9)						
			O olipodos	0 (Earm 0	000	5

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Code V-UBI General or amount in box 20 Partner? of Schedule K-1 Pes No (Form 1065)				
Disproportional amount amount amount amount are soften are soften amount				
(e) Share of end-of- year assets				
(d) Are all partners section 501(c/3) organizations? Yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327 01-0288542 Page 5 Schedule R (Form 990) 2010 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form 8868 (Rev 1-2011)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Monti	n Extension, o	complete only Part II and check this t	00X		▶ X		
Note. Only complete Part II if you have already been granted				8868.	_		
If you are filing for an Automatic 3-Month Extension, com							
Part II Additional (Not Automatic) 3-Mont			copies r	needed).			
· · · · · · · · · · · · · · · · · · ·	<u> </u>						
T-ma or I	Name of exempt organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #2327						
File by the				<u>1-028854</u>	<u></u>		
Number, street, and room or suite no. If a P.O bo	ox, see instruc	tions					
filing your							
return See City, town or post office, state, and ZIP code For a foreign address, see instructions.							
AUGUSTA, ME 04330							
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)			0 1		
	····	T					
Application	Return	Application			Return		
ls For	Code	Is For			Code		
Form 990	. 01				***		
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not already gran	nted an autor	natic 3-month extension on a previo	usly file	ed Form 8868.			
PETER MCLAUG			•				
• The books are in the care of ▶ 21 GABRIEL DI	RIVE -	AUGUSTA, ME 04330					
Telephone No. ► (207)623-2901		FAX No. ▶					
If the organization does not have an office or place of busing the second	– iness in the Ur	· · · · · · · · · · · · · · · · · · ·					
If this is for a Group Return, enter the organization's four d			his is fo	r the whole arou	n check this		
box If it is for part of the group, check this box		ach a list with the names and EINs of a					
4 request an additional 3-month extension of time until		BER 15, 2011		oro trio oxtoriole			
5 For calendar year 2010, or other tax year beginning		, and ending					
6 If the tax year entered in line 5 is for less than 12 month			Final r	eturn	·		
Change in accounting period	is, check leas	on.	J: IIIai i	Gluini			
	LE A CO	MPLETE AND ACCURATE	PFT	TIDN TO N	OT YET		
AVAILABLE.	UE A CO.	MFDETE AND ACCORATE	1/17.1	OICH ID IN	<u>OI IEI</u>		
AVAILABLE.							
0 10 10 10 10 10 10 10 10 10 10 10 10 10	200 0000 -	at a the Arabatana tana laga agai	T				
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, e	nter the tentative tax, less any			0		
nonrefundable credits See instructions.			8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 60	-						
tax payments made. Include any prior year overpaymen	nt allowed as a	a credit and any amount paid			•		
previously with Form 8868.			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include you		th this form, if required, by using	1		•		
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	<u> </u>		
	•	d Verification					
Under penalties of perjury, I declare that I have examined this form, in	ncluding accomp	panying schedules and statements, and to t	he best o	f my knowledge a	nd belief,		
it is true, correct, and complete, and that I am authorized to prepare the				class	1,		
Signature Title	► CPA		Date	► 8/8/	//		
				Form 8868	Rev. 1-2011)		

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright \mathbf{X}$

📍 If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)			
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration	
require	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	tension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers .	Associated With Cer	taın	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on ti	he elec	ctronic filing of this fo	orm,	
	w irs gov/efile and click on e-file for Charities & Nonprofits						
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)				
A corpo	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	nplete			
Part I o	, -				•		
	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exter	sion of time		
	come tax returns.	·	·				
Type or	Name of exempt organization			Emp	loyer identification	number	
print	THE POWER DECEMBER OF THE PART						
,	WORKERS LOCAL #2327 01-0288542						
File by the	he Number stand and some standards to D.O. hours and standards						
filing your	~ 21 GABRIEL DRIVE						
return Se instruction	586						
	AUGUSTA, ME 04330	g u.u.					
	1100000111					_	
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
			,			<u></u>	
Applica	etion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
Form 9		03	Form 4720			09	
Form 9		04	Form 5227			10	
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
1 01111 5	PETER MCLAUGHL		1011110010				
• The	books are in the care of > 21 GABRIEL DRIV		AUGUSTA ME 04330				
	phone No ► (207)623-2901	<u>,</u>	FAX No D				
	e organization does not have an office or place of business	s in the l lr					
	s is for a Group Return, enter the organization's four digit			ie ie fo	r the whole aroun, cl	hack this	
box ►	. If it is for part of the group, check this box	1	· · · · · · · · · · · · · · · · · · ·		•		
	request an automatic 3-month (6 months for a corporation		• •••		OTO THE EXTENSION IS	101	
• •	AUGUST 15, 2011 , to file the exemp		•		The extension		
-	for the organization's return for	t organiza	tion rotal in or and organization married a		THO OXIONOION		
	► X calendar year 2010 or						
	tax year beginning	an	d ending				
_		, a.,	d ending		– ·		
2 If	the tax year entered in line 1 is for less than 12 months, c	hock ross	on Initial return Fina	al retur	'n		
- "	Change in accounting period	ileek ieas	on minaretan rina	ai retui			
	Orlange in accounting period						
32 14	this application is for Form 900 PL 900 PE 900 T 4700	or 6060 o	nter the tentative tax loss any	<u> </u>			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
_	onrefundable credits See instructions	onto:	refundable gradite and	3a	\$	<u> </u>	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•				0	
	stimated tax payments made. Include any prior year overp			3b_	\$	<u> </u>	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,							
	y using EFTPS (Electronic Federal Tax Payment System)	_		3c	S for poursont insti-	0.	
<u> ∪autio</u>	n. If you are going to make an electronic fund withdrawal v	VIEN ENIS FE	Jim oogo, see romi 8453-EU and Form	00/9-	<u>⊏∪ ioi payment instr</u>	uctions.	