

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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42850 02/04/2011 1 11 PM Form **990**

Department 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)

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

2010

Open to Public Inspection

<u>A</u>	For the	2010 calendar year, or tax year beginning , and ending			
В	Check if ap	pplicable C Name of organization I.B.E.W Local Union #420		D Empl	oyer identification number
	Address ch	hange Electrical Workers Local 420			
\equiv	Name char	Deine Business As		06-	-0716467
\equiv		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepi	hone number
\sqcup	Initial retur	550 Wolcott Street		203	3-757-9639
	Terminated				·
\Box	Amended i			G Gross rec	eipts\$ 819,000
믐		E. Nome and address of principal officer		O 0/030/100	
Ш	Application	n pending	H(a) Is this a g	group return for	affiliates? Yes X No
			H(b) Are all a	affiliates inclu	ıded? Yes No
			1 ' '		ist (see instructions)
		empt status 501(c)(3) X 501(c) (5) ◄ (insert no) 4947(a)(1) or 527		•	,
-			-		
	Website		H(c) Group e	exemption nu	
*****			Year of formation		M State of legal domicile
	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities			
9		Labor Union for Electrical Workers			
and					
E	Į				
Activities & Governance	2 0	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net as	sets	
رن مع	1	Number of voting members of the governing body (Part VI, line 1a)		3	17
S		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ìŧie	1	Total number of individuals employed in calendar year 2010 (Part-V-line 2a)		5	27
휹	1	Total number of volunteers (estimate if necessary) RECEIVED	 -	6	· - ·
Ă	1	Fetal unrelated hypersess revenue from Port VIII column (C) line 12		7a	
	,	Total unrelated business revenue from Part VIII, column (C), line 12	اد	 	0
_	י ם	Net unrelated business taxable income from Form 990-T, line 34 MAR 0 5 2012	Prior Ye	7b	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	11	<u>۵</u> '	Ourient real
9	i.		80	2,025	815,393
Revenue	15.	Program service revenue (Part VIII, line 2g) OGDEN, UT		1,778	
æ	r ~	investment income (Fart VIII, column (A), lines 3, 4, and 7d)			1,836
	1 '	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,673	1,771
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82	6,476	819,000
1	≱13 €	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
•	≩14 E	Benefits paid to or for members (Part IX, column (A), line 4)			
Ø,	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42	6,285	438,251
k penses,	∫ 16aF	Professional fundraising fees (Part IX, column (A), line 11e)			
pe be	ьТ	Total fundraising expenses (Part IX, column (D), line 25) ▶			
رتنه.	17 6	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32	6,027	320,758
چ	18 T	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,312	759,009
\mathcal{C}_{0}	19 F	Revenue less expenses Subtract line 18 from line 12		4,164	59,991
58	3	Actional 1000 CAPOTICO CAPATICO TO HOTH MILE 12	Beginning of Cu		End of Year
Net Assets or SO	20 T	Total assets (Part X, line 16)		5,068	538,030
ASS	21 T	Total liabilities (Part X, line 26)		1,517	14,487
ž.	22 N	Net assets or fund balances Subtract line 21 from line 20		3,551	523,543
	art II	Signature Block	1	- 	
					dee and balled it is
		nalties of perjury, I declare that I have examined this retorn, including accompanying schedules and statement ect, and complete Declaration of preparar (other than officer) is based on all information of which preparer ha		my knowied	age and belief, it is
				//	12 08 2010
٥:		- Marin Janua V			15-58-5015
Sig	_	Signature of officer		Date	
He	re		surer		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	X if PTIN
Pai	d	Stu Clark CPA	02/04	/11 self-er	mployed P00400644
Рге	parer	Firm's name > Stuart K. Clark, CPA, LLC		Firm's EIN 🕨	
Use	Only	35 N Main St Ste 2H			
		Firm's address > Southington, CT 06489	I_1	Phone no	860-621-6425
Ma	v the IR	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	•	work Reduction Act Notice, see the separate instructions.		·	Form 990 (2010)
DA					10111330 (2010)

Form 990 (2010)	I.B.E.W Local	Union #420 0	6-0716467	Page 2
	Statement of Program Serv		hie Dort III	X
	cribe the organization's mission	s a response to any question in t	nis ran iii	
	nion for Electric	al Workers		
_		program services during the year which we	re not listed on the	□ v ⊽ u.
•	990 or 990-EZ? scribe these new services on Sche	dule O		Yes X No
3 Did the orga		e significant changes in how it conducts, a	ny program	
services?	scribe these changes on Schedule	0		Yes X No
	_	r each of the organization's three largest p	rogram services by expenses Section	
501(c)(3) a	nd 501(c)(4) organizations and sect	ion 4947(a)(1) trusts are required to report		
others, the	total expenses, and revenue, if any	, for each program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$)
Labor U	Inion for Electric	al Workers		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
Ad Other press	ram conuces (Decaribe in Sahadula	20)		
(Expenses	ram services (Describe in Schedule \$incli	e O) uding grants of \$) (Revenue \$	
	ram service expenses >	841		
DAA				Form 990 (2010)

Form 990 (2010) I.B.E.W. - Local Union #420 06-0716467

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	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
4	Section 501(c)(3) organizations. 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	4		
5	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 98-197 If "Yes," complete Schedule C,			
	Part III	5		<u>x</u>
6	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	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
_	complete Schedule D, Part III	8		X
9	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	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	40		x
	endowments? If "Yes," complete Schedule D, Part V	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	İ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	440	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	-	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		j	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on]	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some	20-		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Page 4 **Checklist of Required Schedules (continued)** Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 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 X through 24d and complete Schedule K If "No," go to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b An antity of which a current or former officer, director, tructon, or key ampleyed (or a family member thereoff

U	All entity of which a current of former onicer, 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		>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		3
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes." complete Schedule M	30		3

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 19? Note. All Form 990 filers are required to complete Schedule O

Yes	X No		
		36	
			v

31

32

33

34

Form 990 (2010)

X

X

X

X

a Entier the number reported in Box 3 of Form 1096 Enter-0- if not applicable be filter the number of Forms W-2C included in line 1a. Enter-0- if not applicable c Dot the organization comply with backury withholding intels or reportable payments to vendors and reportable gaming (gaminlag) with backury withholding intels or reportable payments to vendors and reportable gaming (gaminlag) with backury withholding intels or reportable payments and the payments of the second organization intelligence or second organization in the second organization in second		Check if Schedule O contains a response to any question in this Part \	/			_	
b Enter the number of Forms W-2C included an line 1s Enter-0-rd ford applicable C Did the organization concelly with bedsure withfolding rules for reportable payments to vendors and reportable gamming gambling) winnings to prize winners? Satements, filed for the calendar year ending with or within the year covered by this return I is a secondary or the calendar year ending with or within the year covered by this return I if all least one is reported on Form W-3. Transmitted (Wage and Tax Satements, filed for the calendar year ending with or within the year covered by this return) Note. (The sum of lines 1s and 2s is greater than 250, you may be required to e-file (see mistructions) Note. (The sum of lines 1s and 2s is greater than 250, you may be required to e-file (see mistructions) 10 of the requirements of the form 900-T for this year? (I *No.**] provide an explanation in Schedule O 20 of the calendar year ending the calendar year of the registration of the state of the calendar year of the forms of the foreign country (such as a bank account, securities account, or other financial societies of the calendar year of the foreign country (such as a bank account, securities account, or other financial societies of the security of the problement is select transaction at any time during the tax year? 10 of the calendar year or this calendar year of the foreign country (such as a bank account, securities account, or other financial societies of the security of the organization and party to a prohibited tax shelter transaction? 11 of the organization and party to a prohibited tax shelter transaction? 12 of the organization and party to a prohibited tax shelter transaction? 13 of the organization makes around gross receipt that aer normally greater than \$100,000, and did the organization in the secondary correlations that were not transposed to the payor. 12 of the organization receive a contribution of the payor than the secondary correlations that were payor than the secondary correlations that were payor						Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) withmost pot trave witners? 2	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a				
reportable gaming (gambling) winnings to prize winners? Statements, flied for the calendar year reading with or within the year covered by this return Statements, flied for the calendar year reading with or within the year covered by this return Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) But he organization have winelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file da a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file da a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file da a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file of a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file of a From 1990-11 for the year? If "No," provide an explanation in Schedule O If "Yes a file of a file of the organization has the schedule of the provided of the year of the organization in Schedule of the year of the organization has a bank account, securities account, or other financial account in Schedule of the organization has been account, or other financial accounts of the organization in Schedule of the organization has a party to a prohibited tax schedule framework of the "Yes" of the scan 5th, and the organization has a party to a prohibited tax schedule framework of the "Yes", of the organization have annual gross recepts that are normally greater than \$100,000, and did the organization schedule of the payor? Organizations that may receive adductions that were not tax adductibles? If "Yes," of the organization contact and tax adductibles? Organization to tax adductibles? If "Yes," of the organization contact and tax adductibles? Organization that any receive adduction that account the payor? If "Yes," of the organization contact of the value of the podds or services provi	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2.a, did the organization file all required feedral employment tax irreturns? b If If Yes, This is filed a Form 395-T for this year? If No, provide an explanation in Schedule O 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X B If Yes, This is filed a Form 395-T for this year? If No, provide an explanation in Schedule O 3b If Yes, This is filed a Form 395-T for this year? If No, provide an explanation in Schedule O 3b If Yes, This is filed a Form 395-T for this year? If No, provide an explanation in Schedule O 3cocount? 5a Was the organization are of the foreign country 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Us any time and a party to a prohibited tax sheller transaction? 6c If Yes, The Is the Good of the organization file Form 888-T? 6c Does the organization have amust gross receipts that are normally greater than \$100,000, and did the organization must wave in a tax of the prohibited tax sheller transaction? 6c D If Yes, The Good of the organization must be start that are commally greater than \$100,000, and did the organization receive the diductible or organization receive the diductible organization in the way receive deductible contributions under section \$170(c). 6c D If Yes, The organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a D If Yes, The Islandary organization receives a payment in excess of \$75 made parity as a contribution of under the property for which it was required to If Form 3828? 7b If Yes, The Islandary organization received a contribution of under divide under the property, and the organization file Form 3828. 7c D If the organization received a cont	C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
Statements, filed for the calendar year ending with or within the year covered by this return Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 1 of the regularization have unreaded business pross snormed 51,000 or more during the year? 2 of 17 year, Than if fleed a Form 990-T for this year? If No.* provide an explanation in Schedule O 3 of 17 year, Than if fleed a Form 990-T for this year? If No.* provide an explanation in Schedule O 4 of Alay tiene 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 by cover, a financial account in a foreign country with a sea hank account, securities account, or other financial account in a foreign country with a financial account in a foreign country by cover, a financial account in a foreign country with a sea of the comparation in Form TDF 90-22 1, Report of Foreign Bask and Financial Accounts 5 of Was the organization in Form TDF 90-22 1, Report of Foreign Bask and Financial Accounts 5 of Was the organization has the foreign Bask and Financial Accounts 5 of Was the organization has a provided the analysis of provided tax sheller financiancian? 5 of If Yes, a country of the organization in Foreign Bask and Financial Accounts 5 of If Yes, a country of the organization in Foreign Bask and Financial Accounts 5 of Some she organization has a shark account a provided the state of the foreign Bask and Financial Accounts 5 of If Yes, and the organization has the weak a shark account and account in a foreign bask and a provided the state of the programation in the state deductible? 6 of If Yes, and the organization include with every solicitation an express statement that such contributions or girls where not account of the support of the		reportable gaming (gambling) winnings to prize winners?			1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax neturins? Note If the sum of three is and 2 as greater than 250, pour may be required to -file (see enstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 992-T for this year? If "No," provide an explanation in Schedule O 3d At any time during the cellified year, did the organization have an interest in, or a sparature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial accounts account, or other financial accounts? 5a Was the organization a party to a prohibited tax shefler transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax whether transaction at any time during the tax year? 5b Did any taxable party nority the organization that it was or is a party to a prohibited tax shefler transaction? 5c Using the properties of the organization file form 888-T? 5b Did so yet subble party nority the organization file Form 888-T? 5c Did so yet subble party nority the organization file Form 888-T? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization received a contribution of qualty of the party of the par	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) □ Did the organization have uniteded business goss incrine of \$1,000 m rome during the year? □ All A Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a freegr country (such as a bank account, securities account, or other financial account in a freegr country (such as a bank account, securities account, or other financial account in a freegr country (such as a bank account, securities account, or other financial account and freegr country ► See instructions for filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts Saw Saw Say (such as a security of the properties of the security of the security of the properties of the security of		Statements, filed for the calendar year ending with or within the year covered by this return	2a	27			
3a Date de organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes," has tilled a Form 990-Fro this year? if No," provide an explanation in Schedule O 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 accounts account)? 5b if "Yes," either the name of the foreign country is the same account or a foreign country is the same account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party nority the organization that twas or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization neclade with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shalt may receive deductible contribution an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shalt may receive deductible contribution of access of \$75 made party as a contribution and parity for goods and services provided to the payor? 6c Did the organization shalt may receive deductible contribution of access of \$75 made party as a contribution and parity for goods and services provided? 6c Did the organization shall express of the payor? 6d Did the organization shall express of the payor? 6d Did the organization shall express of the payor? 6d Did the organization shall express of the payor? 7d Did the o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b	X	<u> </u>
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b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms 8282 filed during the year [7d] e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Ph f If the organization received a contribution of a cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Ph Sponsorring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10a Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders b Gross income from members or shareholders 11a 12a 13 Section 501(c)(2) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(2) qualified nonprofit health insurance issuers. 13b 15c Enter th	а		goods				
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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b believed.			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in So	hed	ule
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			
<u>Sec</u>	tion A. Governing Body and Management			 -
	1.147		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	-		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			•
	any other 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		X
6	Does the organization have members or stockholders?	6		
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following		X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	80		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		۵ ۱	
Jec	tion B. I oncies (This occitor B requests information about policies not required by the internal revenu	<u> </u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	100		
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a		100		
ria	form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise 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		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		\mathbf{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		X
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 exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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 public inspection Indicate how you make these available. Check all that apply			
	Own website 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,			
	and financial 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			
	organization ▶ Robert J Lanese Jr 550 Wolcott St	_		
W	aterbury CT 06705 20	<u>3-75</u>	7-9	639

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Form **990** (2010)

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) Name and Title	(B) (C) Average Position (check all that apply				k all t	that apply)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former 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	
(1) Richard Golembie	wski									
President		<u> </u>	ļ	X			0	0	<u></u>	
(2) John Burke										
Vice Pres.				X			0	0		
(3) Robert J Lanese	Jr	1						1		
Treasurer		<u> </u>	ļ <u></u>	X			0	0		
(4) John Unikas								:		
Business Mgr	· · · · · · · · · · · · · · · · · · ·	L.		X	L	<u> </u>	0	0		
(5) Frank Cirillo										
Asst Bus Mgr				X			0	0		
(6)										
(7)										
(8)										
(9)										
(10)	-									
(11)		 		_						
(12)			<u> </u>		-					
(13)			 				•		· · · · · · · · · · · · · · · · · · ·	
(14)		 								
(15)						- -				
(16)		-		\vdash						

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	у Ег	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per			chec	r _	that a		compensation	(E) Reportable compensation from	an	(F) stimated nount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org and	other appensation of the pension of	n t
(17)	· · · · · · · · · · · · · · · · · · ·												
(18)													_
(19)													,,
(20)		-											
(21)		-											
(22)		<u> </u>											
(23)													
(24)						_	ļ						
(25)													
(26)													
(27)			<u> </u>				 						
(28)]											
1b	Sub-total	<u> </u>	L. <u>.</u>	<u> </u>	L	L	<u> </u>						
c d	Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>					
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
3	Did the organization list any fo				ruste	ee. k	ev e	mpla	ovee, or highest compensat	ted	Г	Ye	s No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	" complete Sche e 1a, is the sum	dule of re	J for	suc able	h ind	dividi ipens	ial satic	on and other compensation	from the		3	X
5	individual Did any person listed on line	-							•		<u> </u>	4	X
	for services rendered to the o		'es,"	com	plet	e Sc	hedu	le J	for such person			5	<u> </u>
1	ction B. Independent Contract Complete this table for your fi compensation from the organ	ve highest comp	ensa	ted	ınde	pend	lent (cont	ractors that received more	than \$100,000 of			
		(A) I business address							Descrip	(B) ston of services		(C Compe	nsation
		 									·		
2	Total number of independent received more than \$100,000	•							se listed above) who			0	
DAA	. Journal more than \$100,000	componedio									<u></u>		90 (2010)

art V	III Statement of Rev	ellue.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ဋ 1a</u>	Federated campaigns	1a					
and other similar amounts and other	Membership dues	1b					
E c	Fundraising events	1c					
<u>a</u> q	Related organizations	1d					
е	Government grants (contributions)	1e					
f f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f					
2 g	Noncash contributions included in lines 1a	+1f \$	1				
	Total. Add lines 1a-1f						
2a b c d e			Busn. Code				
2a	Member Dues			814,490	814,490		
b	Direct Payment of I	ues		903	903		_
C							
d			<u> </u>				
е	A. 1111		-				
? f	All other program service reve	enue		015 202			
+ 9	Total. Add lines 2a-2f		•	815,393			1
3	Investment income (including	aiviaenas, int		1,836	1,836		
١.	and other similar amounts)			1,836	1,836		
4	Income from investment of ta	x-exempt bon	a proceeds				
5	Royalties (i) Real		ıı) Personal				
			ii) Fersonar				
6a							
b	Less rental exps Rental inc or (loss)						
			—	•			
7a	Gross amount from (i) Securitie	es	(II) Other				
	sales of assets	· ·	(4/5-11-1	į			
h	other than inventory Less cost or other			[
	basis & sales exps			•			
6	Gain or (loss)						
1	Net gain or (loss)		•	Ì	j		
8a	Gross income from fundraising even	ents					
b	(not including \$						
	of contributions reported on line 10	c).					ļ
	See Part IV, line 18	' a					
ь	Less direct expenses	ь					
' c	Net income or (loss) from fun	draising event	is 🕨	<u></u>			
	Gross income from gaming activiti						
	See Part IV, line 19	a					
b	Less direct expenses	b					
C	Net income or (loss) from gar	ning activities	•				
10a	Gross sales of inventory, less	;					•
	returns and allowances	a					
b	Less cost of goods sold	b					
_ c	Net income or (loss) from sale	es of inventor	<u>/ ▶ </u>				
	Miscellaneous Revenu	ie	Busn. Code				
11a	Clam Bake			1,443	1,443		
Ь	Other Income			400	400		
C	on FMV of Investment			-72	-72		
d	All other revenue		L				
е			▶	1,771			
12	Total revenue. See instruction	ns	>	819,000	819,000		0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must o	complete column (A) but are	not required to complete	columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 8b, 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		0.1.50.000	50.10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2					
•	the U.S. See Part IV, line 22				······································
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				<u> </u>
5	Compensation of current officers, directors,	202 540		202 540	
	trustees, and key employees	283,548		283,548	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	04 544		04 544	
7	Other salaries and wages	94,541		94,541	
8	Pension plan contributions (include section 401(k)			44 - 45	
	and section 403(b) employer contributions)	12,547		12,547	·
9	Other employee benefits	18,817		18,817	<u> </u>
10	Payroll taxes	28,798		28,798	
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,377		14,377	
С	Accounting	11,258		11,258	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,185		4,185	
13	Office expenses	11,538		11,538	
14	Information technology				
15	Royalties				·
16	Occupancy				
17	Travel	12,279		12,279	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,635		5,635	
20	Interest			3,033	
21	Payments to affiliates				<u> </u>
21	Depreciation, depletion, and amortization	841	841		
. –	Insurance	34,220	041	34,220	· · · · · · · · · · · · · · · · · · ·
23	Other expenses Itemize expenses not covered	34,220	+	37,220	
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 O)	122 051		122 051	
a	Per Capita Expense	132,051		132,051	
b	BM & ABM Expense	15,700		15,700	,,
C	Arbitration	14,591		14,591	
d	Clambake	12,430		12,430	
0	Auto Expense	8,930		8,930	
	All other expenses	42,723		42,723	
	Total functional expenses. Add lines 1 through 24f	759,009	841	758,168	
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			1	
	campaign and fundraising solicitation				
DAA	company and remaining constitution				Form 990 (201

Part	<u>10 (2010) </u>	14 H 72 V		0/1646/		Page 11
,	- Januario Griodi			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		L		1	
2	Savings and temporary cash investments	97,073	2	130,089		
3	Pledges and grants receivable, net	L		3		
4	Accounts receivable, net		L		4	
5	Receivables from current and former officers, director	s, trustees, key				
	employees, and highest compensated employees. Co	omplete Part II of	1			
1	Schedule L		L		5	
6	Receivables from other disqualified persons (as defin	ed under section	Γ			
	4958(f)(1)), persons described in section 4958(c)(3)(E	B), and contributing				
	employers and sponsoring organizations of section 50	01(c)(9) voluntary	ŀ			
_	employees' beneficiary organizations (see instructions		[6	
7 8	Notes and loans receivable, net				7	
8 8	Inventories for sale or use				8	·
ξ 9	Prepaid expenses and deferred charges			***	9	
	Land, buildings, and equipment cost or		Γ			······································
	other basis Complete Part VI of Schedule D	10a	25,701			
t	Less accumulated depreciation	10b	9,702	16,839	10c	15,999
11				30,149	11	30,835
12	Investments—other securities See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11				13	
14	Intangible assets			14		
15	Other assets See Part IV, line 11		331,007	15	361,107	
16	Total assets. Add lines 1 through 15 (must equal line	34)		475,068	16	538,030
17	Accounts payable and accrued expenses	•			17	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV	/ of Schedule D			21	
22	-					······································
21 22 28 29	employees, highest compensated employees, and dis	-				
5 1	Complete Part II of Schedule L	•	Ì	Í	22	
23		nird parties			23	
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities Complete Part X of Schedule D			11,517	25	14,487
26	Total liabilities. Add lines 17 through 25			11,517	26	14,487
5	Organizations that follow SFAS 117, check here ▶	X and complete				
27 28 29 29	lines 27 through 29, and lines 33 and 34.	_				
27	Unrestricted net assets			463,551	27	523,543
28	Temporarily restricted net assets				28	
2 29	Permanently restricted net assets		Γ		29	
5	Organizations that do not follow SFAS 117, check	here ▶ 🗍 and	ſ			
5	complete lines 30 through 34.		-			
30			ĺ		30	
30 31 32 32	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
2 32					32	
33 34	Total net assets or fund balances			463,551	33	523,543
ž 34	Total liabilities and net assets/fund balances			475,068	34	538,030

Form **990** (2010)

om	1990 (2010) I.B.E.W Local Union #420 06-0716467			<u>Pa</u>	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				\Box	
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>000</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			009	
3	Revenue less expenses Subtract line 2 from line 1	3			991 551	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Other changes in net assets or fund balances (explain in Schedule O)					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	52	23,	<u>543</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	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	L	X	
þ	Were the organization's financial statements audited by an independent accountant?		2b		X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, 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				•	
	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 Act and OMB Circular A-133?		3a			
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		3b			

Form **990** (2010)

SCHEDULĘ 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.

OMB No 1545-0047 **2010**

Open to Public Inspection

	of the organization			Emple	oye	r ideni	tificatio	on numi	ber	
	.B.E.W Local Union #420			100	•	71 ~	4.00	ı		
	lectrical Workers Local 420		v Other Cimilar Funda				467			
Pa	organizations Maintaining Donor Advised Fundamental organization answered "Yes" to Form 990, Part			ACCOU	ınt	s. C	ompi	ete it i	tne	
		1	(a) Donor advised funds		(b)	Funds	and oth	her accor	unts	
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	t the as	ssets held in donor advised							
	funds are the organization's property, subject to the organization's excl						ſ	Yes	. [No
6	Did the organization inform all grantees, donors, and donor advisors in		•							
	only for charitable purposes and not for the benefit of the donor or dono	or advis	sor, or for any other purpose							
	conferring impermissible private benefit?		, , , , ,					Yes		No
Pa	art II Conservation Easements. Complete if the organization	aniza	tion answered "Yes" to Fo	rm 990), F	art I	IV, lir	ne 7.		
1	Purpose(s) of conservation easements held by the organization (check	all tha	it apply)							
	Preservation of land for public use (e.g., recreation or education)		Preservation of an historically in	mportant	lan	d are	а			
	Protection of natural habitat		Preservation of a certified histor							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation	contribution in the form of a cons	servation	ı					
	easement on the last day of the tax year				····					
						Held a	t the E	nd of th	ie Ta	x Yea
а	Total number of conservation easements			2	a					
b	Total acreage restricted by conservation easements			2	b					
C	Number of conservation easements on a certified historic structure incl	uded II	n (a)	_2	с					
d	Number of conservation easements included in (c) acquired after 8/17/	06, and	d not on a							
	historic structure listed in the National Register			_2	d					
3	Number of conservation easements modified, transferred, released, ex	tınguıs	hed, or terminated by the organiz	ation dur	rıng	the				
	tax year ▶									
4	Number of states where property subject to conservation easement is I	ocated	1▶							
5	Does the organization have a written policy regarding the periodic mon	itoring,	inspection, handling of				,		_	1
	violations, and enforcement of the conservation easements it holds?						Į	Yes	; <u> </u>	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing co	nservation easements during the	year						
_										
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of \$\infty\$ \$	conser	vation easements during the year							
	·	ho roa	vuramente of control 170/h\/4\/D\							
8	Does each conservation easement reported on line 2(d) above satisfy t (i) and section 170(h)(4)(B)(ii)?	ne req	ullements of section 170(f)(4)(b)				[Var		No
9	In Part XIV, describe how the organization reports conservation easem	ante in	ute revenue and expense stateme	ont and			L	Yes	,	j NO
3	balance sheet, and include, if applicable, the text of the footnote to the		•		e tr	16				
	organization's accounting for conservation easements	organi.	zadon o iniciolar otatornomo triat	GCSGIBC	.5 (1)					
Pa	art III Organizations Maintaining Collections of Art,	Histo	orical Treasures, or Other	Simila	ar /	— ∖sse	ts.			
	Complete if the organization answered "Yes" to									
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to re	eport in its revenue statement and	l balance	sh	eet				
	works of art, historical treasures, or other similar assets held for public	exhibit	tion, education, or research in furt	herance	of					
	public service, provide, in Part XIV, the text of the footnote to its financial	al state	ements that describes these item:	s						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	repor	t in its revenue statement and bal	lance she	eet					
	works of art, historical treasures, or other similar assets held for public	exhibit	tion, education, or research in furt	herance	of					
	public service, provide the following amounts relating to these items									
	(i) Revenues included in Form 990, Part VIII, line 1				>	\$				
	(ii) Assets included in Form 990, Part X				\blacktriangleright	\$				
2	If the organization received or held works of art, historical treasures, or	other	sımılar assets for financıal gaın, p	rovide th	е					
	following amounts required to be reported under SFAS 116 (ASC 958)	relating	g to these items							
	Revenues included in Form 990, Part VIII, line 1					\$				
b	Assets included in Form 990, Part X				<u> </u>	\$				

		- Local Union			06-0716					Page 2
Pa	ert III Organizations Maintaining	Collections of Art, H	istorical Trea	sures, o	r Other Sin	nilar A	ssets (d	contin	ued`)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, check	any of the followi	ng that are	a significant ι	ise of its				
а	Public exhibition	d Loan or	exchange progran	ns						
b	Scholarly research	e Other								
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain how the	ey further the orga	ınızatıon's	exempt purpos	se in Par	t			
	XIV	·								
5	During the year, did the organization solicit or	receive donations of art, his	storical treasures,	or other si	mılar					
	assets to be sold to raise funds rather than to	be maintained as part of th	e organization's co	ollection?				Ye	s	No
Pa	rt IV Escrow and Custodial Arra	ngements. Complete	if the organiz	ation an	swered "Ye	s" to F	orm 99	0, Pa	rt IV	',
	line 9, or reported an amour	nt on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermediary for o	contributions or oth	her assets	not					_
	ıncluded on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following t	table							
								Amoun	:	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For	rm 990, Part X, line 21?						Ye	s L	No
	If "Yes," explain the arrangement in Part XIV									
Pa	ert V Endowment Funds. Comple		swered "Yes" t	<u>to Form</u>	<u>990, Part I</u>	√, line	<u>10. </u>			
		(a) Current year	(b) Prior year	(c) Two	years back (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance							······		
b	Contributions									
C	Net investment earnings, gains, and									
	losses		- 	ļ						
	Grants or scholarships			ļ						
е	Other expenditures for facilities and	1								
	programs			ļ						
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year									
	Board designated or quasi-endowment ▶	%								
	Permanent endowment ▶ %									
	Term endowment ▶ %									
3 a	Are there endowment funds not in the possess	sion of the organization tha	t are held and adm	ninistered 1	or the			Г		1
	organization by							[- 	Yes	No
	(i) unrelated organizations							3a(i)		├
	(ii) related organizations	hatad as samurad as Cabas	D0					3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the	•						3b		Щ.
<u>4</u>	art VI Land, Buildings, and Equip			10	·					
ГФ	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accumu	ated	T /	d) Book		
	Description of investment	(investment)	(other)	Dasis	depreciati		,	u) book	value	
10	Land	,,	(===,/				+		——	
	Buildings						 		—	
	Leasehold improvements						 		—-	
	•		·		· · <u></u>		+			
	Equipment Other						+	•		
	I. Add lines 1a through 1e (Column (d) must ed	ual Form 990 Part Y colu	mn (B) line 10(c)							
. vid		juan tonn 330, Fait A, Colu	nin (D), interfold)	<i>'</i>	······································		1			

2. 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 FIN 48 (ASC 740)

14,487

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

Sche	dule D (Form 990) 2010 I.B.E.W Local Union #420	06-071640		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a] [
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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]	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]]	
С	Other losses	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, 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]	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010 I.B.E.W. - Local Union #420

06-0716467

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
Open to Public

Inspection

Name of the organization

I.B.E.W. - Local Union #420 Electrical Workers Local 420

Employer identification number

06-0716467

Form 990, Part III, Line 4d - All Other Achievements
Labor Union for electrical workers

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

➤ See separate instructions. I.B.E.W. - Local Union #420 Attach to your tax return

Identifying number

Name(s) shown on return Electrical Workers Local 420 06-0716467 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 841 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in penod Service only-see instructions) 3-year property b 5-year property 7-year property c d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L S/L Residential rental 27 5 yrs MM property MM 27 5 yrs S/L MM Nonresidential real 39 yrs S/L property S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 vrs MM S/L Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 841 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

42850 I.B.E.W. - Local Union #420

06-0716467

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2010 Qtr: 12/31/2010

Asset	Description	Date In Service	Cost	Bus Se % 179	c 9B <u>onu</u> s _	Basis for Depr	PerConv Meth	Prior	Current
4 5 6 7	Depreciation: Computers-2 Computer Laptop Lap #2 Roof	12/26/01 6/11/03 5/16/05 6/14/05 8/28/08	3,121 1,059 2,243 2,288 16,990			3,121 1,059 2,243 2,288 16,990	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 40 MO S/L	3,121 1.059 2.056 2,059 566	0 0 187 229 425
	Total Other Depreciation	_	25.701		_	25.701		8,861	841
	Total ACRS and Other Do	epreciation =	25,701		=	25,701		8.861	841
	Grand Totals Less: Dispositions and Tra Less: Start-up/Org Expen Net Grand Totals		25,701 0 0 25.701		-	25.701 0 0 25,701		8,861 0 0 8,861	841 0 0 841

02/04/2011 1:11 PM

42850 I.B.E.W. - Local Union #420 02/04/2011 1:11 PM Depreciation Adjustment Report 06-0716467 All Business Activities FYE: 12/31/2010 Qtr: 12/31/2010 AMT Adjustments/ Form Unit Asset Description Tax AMT Preferences There are no assets that meet the criteria of this report

02/04/2011 1:11 PM

 1 42850 I.B.E.W. - Local Union #420
 0

 06-0716467
 Future Depreciation Report
 FYE: 12/31/11

FYE: 12/31/2010 Qtr: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other D	Depreciation:				
4 5 6 7 8	Computers-2 Computer Laptop Lap #2 Roof Total Other Depreciation	12/26/01 6/11/03 5/16/05 6/14/05 8/28/08	3,121 1,059 2,243 2,288 16,990 25,701	0 0 0 0 425 425	0 0 0 0 0 0
	Total ACRS and Other Depreciation		25,701	425	0
	Grand Totals		25,701	425	0