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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. Open to Public Inspection

	Address change	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320				
	Name change	Doing Business As		02-	028009	3
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/s	suite E	Telephone numb		
	Termin- ated	46 THIRD STREET		603	<u>-669-80</u>	
Ļ	Amende	City or town, state or country, and ZIP + 4		Gross receipts \$		450,7
	Applica- tion pending	MANCHESTER, NH 03102	H(a) is this a group	return	١ ا
		F Name and address of principal officer:GLENN BRACKETT same as C above		for affiliates?) Are all affiliates i		Yes X
			527	If "No," attach	•	
		:▶N/A) Group exempt		
		<u> </u>	Year of for	mation 1972	M State of le	jal domici
100		Summary riefly describe the organization's mission or most significant activities: ENFORCEM	ייואים א	OF COLLE	CTIVE	
ce	1 B	ARGAINING AGREEMENT. UNION REPRESENTATION	AND	ADMINIST	RATTON	
Activities & Governance	_	heck this box I if the organization discontinued its operations or disposed of i				•
ver		umber of voting members of the governing body (Part VI, line 1a)	more mar	1	3	
G		umber of independent voting members of the governing body (Part VI, line 1b)			,	
s &		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		-	5	
itie	•	otal number of volunteers (estimate if necessary)		<u> </u>	3	
cţi	l	otal unrelated business revenue from Part VIII, column (C), line 12		7		
A		et unrelated business taxable income from Form 990-T, line 34		7		
			T .	Prior Year	Curr	ent Year
ø)	8 0	ontributions and grants (Part VIII, line 1h)		932,195		427,4
Revenue	ı	rogram service reve nue (Part VIII, line 2g)		0		
eve		vestment income (Part VIII, cotumn th), thes 3,4, and 7d)		4,106	•	2,9
Œ	11 0	ther revenue (Part VIII) column (A), lines 5, 6 d, 8c, 9 c, 10c, and 11e)		8,585		8,4
	12 T	otal revenue - add Ines 8 through 11 (must equal Part VIII, column (A), line 12)		944,886		438,8
	13 0	rants and similar amounts paid (Part IX, column (A), Ines 1-3)		6,000	•	6,0
	14 B	enefits paid to or for members (Part IX, column (A) Pline 4)		0		
es	15 S	alaries, other compensation, employed benefits (Part IX, column (A), lines 5-10)		492,963		612,2
Sus	16a F	rofessional fundraising fees (Part IX, column (A), line-11e)		0	•	
Expenses	1	otal fundraising expenses (Part IX, column (D), line 25)		202 006		407 4
ш	I	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		393,006		497,4
	I	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		891,969		115,7
	19 F	evenue less expenses. Subtract line 18 from line 12	 	52,917		323,1
ts o			Beginni	ng of Current Yea 432,140		of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		16,586		739,5 8
a de	21 T	otal liabilities (Part X, line 26)		415,554		738,6
		et assets or fund balances. Subtract line 21 from line 20 Signature Block	<u> </u>	413,334	•1	130,0
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	atomonto	and to the best of	mu kaaniladaa	and holia
	•	and complete. Declaration of pre parer (other than officer) is based on all information of which pre			illy kilowicuge	and Delle
ilue,	, correct,	and complete Decialation of prepare (other trial officer) is based on an information of which pre	parer mas a	7/26	/11	
Sigi	.	Signature of officer		Date		
Her		GLENN BRACKETT, BUSINESS MANAGER				
. 161	_	Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN	J
Paid		GEORGE BENTAS, CPA, MST GEORGE BENTAS, CPA,	07/	22/11 self-emp	loyed	
	-	Firm's name Roy & Bentas CPAs P.C.		Firm's EIN		
-		Firm's address 697A Union Street				· · · · · · · · · · · · · · · · · · ·
	- 1	Manchester, NH 03104		Phone no_	603-625	<u>5-571</u>
	<u>∕t</u> he IR	S discuss this return with the preparer shown above? (see instructions)			Xγ	res 🗌
Mav					Fo	

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	ENFORCEMENT OF COLLECTIVE BARGAINING AGREEMENT ON BEHALF OF LOCAL IBEW
	UNION MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	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
4-	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) Representation of approximately 877 members involving negotiations and
	disputes between employee and employer.
	disputes between employee and employer.
4b	(Code:) (Expenses \$) (Revenue \$)
	Union administration and management.
4¢	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
—- 4е	Total program service expenses ►
	Form 990 (2010

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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)?			110
-	If "Yes," complete Schedule A	1		Х
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
9		5	х	
e	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	_8_		
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		1	х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			X
	If "Yes," complete Schedule D, Part V	10		
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	Х	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			١.,
	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 of its total			٠,
	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	İ		.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
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		X
15	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ł	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	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	17	X	<u> </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	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	1		ĺ
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Part IV Checklist of Required Schedules (continued)

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			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	<u> </u>
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	ŀ	ĺ	ĺ
	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			
	Schedule K. If "No", go to line 25	24a	<u> </u>	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		
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	<u> </u>	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	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			v
	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	ĺ		
	instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		v
	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	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II	32	 -	1
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	33	х	
34	Was the organization related to any tax-exempt or taxable entity?	- 55	 -	
54	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ĺ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	- 55		
а	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37]	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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T- 11	t V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
Ŭ	(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 2a 41			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	The state of the s	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			۱
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е		7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
9		7g	-	
h		7h	. 	
8	Sponsoring 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 organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.		-	
а	y	9a	<u> </u>	┼
b	•	9b	 	-
10	Section 501(c)(7) organizations. Enter:			
a	•	1		
b	Gloss recording, more dead of the other control of	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	CIOSS INDUING ITOM MICHIGAN	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40	amounts due of reserved ment and my	12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year	120	1	1
_	The Tool of the American Content of the Content of	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	†	†
а	Note. See the instructions for additional information the organization must report on Schedule O	- 53	1	1
	Enter the amount of reserves the organization is required to maintain by the states in which the			
C	organization is licensed to issue qualified health plans			
_	130	1		
14a	L. C. victoria di liberia di libe	14a	<u> </u>	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u>`</u>			. 000	/2010)

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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.

	Check if Schedule O contains a response to any question in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp 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	he dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			3		X	
4							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Does the organization have members or stockholders?			6_		X X	
7a							
	governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b	ļ	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following:			}			
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	Х		
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code)			T. N	
				10a	Yes	No X	
	Does the organization have local chapters, branches, or affiliates?	6	toro effiliatos	108	 		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such	i chap	ters, aiilliates,	10b	ļ		
	and branches to ensure their operations are consistent with those of the organization?	filina t	ne form?	11a		X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 						
b	to conflicts?	,		12b			
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? In	f "Yes,	" descлbe				
·	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 appro-	val by	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official			15a		X	
	Other officers or key employees of the organization			15b	ļ	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 arrange	ement	with a			1	
	taxable entity during the year?			16a	ļ	X	
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	ganıza	tion's				
	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NH	T /50:	(a)(3)e aabd ayad	able for			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (50	(C)(O)S Offig) avail	901 <u>0</u> 101			
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request						
40	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflu	at of interest police	v. and fin	ancial		
19		JOHN	A ST III CIEST POIL	.,, and iii			
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the orga	nization: 1	>		
20	WILLIAM O'NEIL - 603-669-8657						
	46 THIRD STREET, MANCHESTER, NH 03102						

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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)			(0				(D)	(E)	(F)	
Name and Title	Average	١		Pos				Reportable	Reportable	Estimated	
	hours per week		heck	(all 1	that	app	ly)	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustæ	Officer	Кеу епртоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
CARLENE HORNE											
RECORDING SECRETARY	5.00	X		İ				3,884.	0.	0.	
DOUGLAS CLARK						ļ					
E BOARD UNIT 1	5.00	X		<u> </u>				1,851.	0.	0.	
CHARLES CAREY									_	_	
E BOARD UNIT 2	5.00	X					<u> </u>	59,487.	0.	0.	
RYAN AVERY				Ì					_		
E BOARD UNIT 3	5.00	X		<u> </u>		<u> </u>		1,406.	0.	0	
DAVID MCFADDEN		l			ļ				1	•	
E BOARD UNIT 4	5.00	X		_	_	_		7,961.	0.	0 .	
GAIL BADGER								2 002	_	0	
E BOARD UNIT 5	5.00	X	<u> </u>	ļ			-	2,993.	0.	0	
STEVEN CHAVANELLE	5 00	١	l				l	0 000		0	
E BOARD UNIT 5	5.00	X	-		_		_	9,920.	0.	0	
THOMAS WOLFE	F 00	1						2 040	0.	0	
E BOARD UNIT 7	5.00	X	├	┝	 	├-	 	2,948.	<u> </u>	0	
JAMES DENNETT	5.00	X			}			2,936.	0.	0	
E BOARD UNIT 8	3.00	^	-	├	 	-		2,930.			
JEFFREY MILOT	5.00	X						3,581.	0.	0	
E BOARD UNIT 9 MARY TURCOTTE	3.00	₽	├	 	 —	\vdash	-	3,301.			
E BOARD - ACCOUNTING	5.00	X						234.	0.	0.	
LISA OAKES	3.00	-	ļ .	-		 					
E BOARD - TRAFFIC ZONE	5.00	X	1	1		1	ļ	816.	0.	0 .	
JAMES LEMAY		 	1	Ĺ	 	t					
TREASURER	5.00	X			ŀ			7,923.	0.	0 .	
JOHN W. MURPHY		┢						<u> </u>			
E BOARD UNIT 6	5.00	X			ļ			2,064.	0.	0.	
STEVE POOLE											
PAST VICE PRES.	5.00	X	L			L	L	275.	0.	0.	
WILLIAM J. O'NEIL											
PRESIDENT	10.00	ot		X	<u> </u>			67,584.	0.	0.	
DAVID DUHAMEL											
VICE PRESIDENT	5.00	L.		X				4,157.	0.	0 .	

Part VII Section A. Officers, Directors, 1	rustees, Key E	mple	oyee	es, a	n <u>d 1</u>	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	Position (check all that apply)						Reportable	Reportable		Estimate	ed
	hours per	(C	hec	k all	that	арр	ly)	compensation	compensation		amount	
	week (describe	Ę						from	from related		other	
	hours for	director	-		ŀ	B		the organization	organizations (W-2/1099-MISC)		compensa from th	
	related	8	ustee			ensat		(W-2/1099-MISC)	(***25 1035 141100)		organizat	
	organizations	墓	Institutional trustee	1 1	86	Ĕ.		(., 2 100000)		-	and relat	
	ın Schedule	Individual trustee	幫	Officer	Кеу етріоуве	Highest compensated employee	Former				organizati	ons
	0)	Ĕ	프	₹	3	풀늄	5			\bot		
KELLY TOROSIAN	10.00							0.453	_			^
PAST BENEFITS COORD.	10.00	+		X	<u> </u>		-	8,453.	0	+		0.
GLENN BRACKETT BUSINESS MANAGER	40.00	l		l		X		127,772.	o			0.
DAVID R. O'CONNOR	10.00	-		 			Ι	2277.		╧		
BUSINESS AGENT	10.00							114,862.	o			0.
LORRAINE BLEAU					_					\top		
FINANCIAL SEC./OFFICE MGR	40.00			l				77,233.	0	•		0.
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			\bot	<u> </u>	
		ļ					ĺ					
	<u> </u>		-		├-	-	├			+	···	
						ļ						
		 	+	 	 		 -			+		
				l								
										\top		
					<u> </u>	<u> </u>				\perp		
1 b Sub-total	_							508,340.	0			0.
c Total from continuation sheets to Part	VII, Section A							0.	0			0.
d Total (add lines 1b and 1c)						<u> </u>		508,340.	0	<u>-1</u>		0.
2 Total number of individuals (including bu	t not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 in reportable			2
compensation from the organization											Yes	No
3 Did the organization list any former office	er director or tri	ietad	a ke	v en	nnlo	vee	or t	highest compensated er	molovee on	["	-	
line 1a? If "Yes," complete Schedule J fo			٥, ٨٠	, 0.		,,	•	inginoot componentes of			3	x
4 For any individual listed on line 1a, is the			omp	ens	atioi	n and	d ot	her compensation from	the organization			
and related organizations greater than \$										L	4	X
5 Did any person listed on line 1a receive of	r accrue compe	nsa	tion	from	an	y uni	relat	ted organization or indiv	idual for services		-	
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son				丄	5	X
Section B. Independent Contractors									4400.000. (
1 Complete this table for your five highest the organization. NONE	compensated in	dep	end	ent c	cont	racto	ors 1	that received more than	\$100,000 of compe	nsat	ion from	
the organization. NONE (A)								(B)			(C)	
Name and busine	ss address							Description of s	services	Со	mpensatio	n
											-	
							ı		1			
							\dashv					
					-							
2 Total number of independent contractors	s (including but r	not l	ımıte	ed to		_	stec	d above) who received n	nore than			
\$100,000 in compensation from the orga	nization >					0	_					
										F	orm 990 (2010)

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Pai	τ ν	111	Statement of Rever	iue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1	a	Federated campaigns	1a						
Contributions, gifts, grants and other similar amounts			Membership dues	1b	1 200	535.				
ρe			Fundraising events	10						
ifts			Related organizations	10						
9.5			Government grants (contribut							
Siris			All other contributions, gifts, gran	, <u> </u>						
E E			similar amounts not included abo		40.	944.				
<u> </u>					10,	<u> </u>	•			
Ş E		-	Noncash contributions included in lines	18-17 \$			1,427,479.			
		<u>n</u>	Total. Add lines 1a-1f		Busines					***************************************
	_				Busines	s code	Į.			
<u>Ş</u>	2									
ne n		b			_					
E S		C								
Re		d			_				·	
Program Service Revenue		е								
۱ "			All other program service reve	enue						
			Total. Add lines 2a-2f							
	3		Investment income (including	dividends,	interest, and		2,905.	2,905.		
			other similar amounts)				2,903.	2,903.		
	4		Income from investment of ta	x-exempt be	ond proceeds					
1	5		Royalties		1: _				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				(ı) Rea	I (II) Per	sonal	1			
	6	а	Gross Rents				1			
		þ	Less: rental expenses				1			
		C	Rental income or (loss)	L						
1		d	Net rental income or (loss)		. ,	<u> </u>				
	7	а	Gross amount from sales of	(i) Securi	ties (II) O	ther				
			assets other than inventory				1			
ļ		b	Less. cost or other basis							
1			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)							
a	8	а	Gross income from fundraisin	ig events (n	ot					
ğ			including \$	of				1		
- Š			contributions reported on line							
L.			Part IV, line 18	,	a 20,	400.	,			
Other Revenue		b	Less: direct expenses		ь 11,	907.	.]			
0			Net income or (loss) from fun	draising eve	ents		8,493.			8,493.
	9		Gross income from gaming a							
		_	Part IV, line 19		а					
		h	Less: direct expenses		ь		1			
			Net income or (loss) from gar	nina activitie		•				[
	10		Gross sales of inventory, less						-	
	.0	_	and allowances		а					
		h	Less: cost of goods sold		ь		†			
			Net income or (loss) from sale	e of invent		_	†	Í		
	_	C	Miscellaneous Revent		Busines	es Code				
	11	_			Dusines	3 000	4]
	11									
		b					 			
		C	All -Al		-		 	· · · · · · · · · · · · · · · · · · ·		-
		d			L	_	+			
			Total. Add lines 11a-11d				1,438,877.	2,905.	0.	8,493.
03200 12-21	12 09	-	Total revenue. See instructions	-	 		12,230,011.	27505.		Form 990 (2010)
12-21	1-10									. 51111 555 (2010)

WORKERS LOCAL 2320

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).

(B) (A) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 6,000 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 508,339 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,136. Other salaries and wages Pension plan contributions (include section 401(k) 13,990. and section 403(b) employer contributions) Other employee benefits 9 39,811. 10 Payroll taxes Fees for services (non-employees): a Management 51,373. b Legal 6,510. Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other g 12 Advertising and promotion 28,393. 13 Office expenses 188. 14 Information technology Royalties 15 11,533. 16 Occupancy 28,875. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 23,512. 19 Conferences, conventions, and meetings 397. Interest 20 21 Payments to affiliates 8,212. Depreciation, depletion, and amortization 22 10,111. 23 Other expenses Itemize expenses not covered 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) 144,752. FEES - INTERNATIONAL AS 75,971. COPE FUND EXPENDITURES 56,814. AFFILIATED DUES 12,431. VEHICLE EXPENSES 7,681.CLEANING, MAINTENANCE & 30,704. All other expenses 1,115,733. Total functional expenses. Add lines 1 through 24f 25 Jaint 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)

WORKERS LOCAL 2320

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	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash · non·interest-bearing	59,479.	1	32,654.
2	Savings and temporary cash investments	155,291.	2	460,914.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7	4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	······································
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 220, 262			
Ь	Less: accumulated depreciation 10b 105, 409	. 88,770.	10c	114,853
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	128,600.	12	131,148
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	432,140.	16	739,569
17	Accounts payable and accrued expenses	344.	17	871
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	16,242.	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	16,586.	26	871
	Organizations that follow SFAS 117, check here X and complete	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
,	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	379,136.	27	728,077
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	36,418.	29	10,621
-5	Organizations that do not follow SFAS 117, check here and			
:	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	415,554.		738,698
93	Total liabilities and net assets/fund balances	432,140.		739,569

02-0280098 Page **12** WORKERS LOCAL 2320 Form-990 (2010) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1,438,877. Total revenue (must equal Part VIII, column (A), line 12) 1 1,115,733. 2 Total expenses (must equal Part IX, column (A), line 25) 2 323,144. 3 Revenue less expenses. Subtract line 2 from line 1 3 415,554. 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) 738,698 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes 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 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? 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 X За Act and OMB Circular A-133? 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.

3ь

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

	section 5	nization INTERNA	TIONAL BROTHERHO	OD OF ELECT	RICAL Empl	oyer identification number
	J		LOCAL 2320			02-0280098
Pa	rt I-A		anization is exempt und	ler section 501(c	or is a section 527 o	
2		expenditures	zation's direct and indirect politic	cal campaign activities	s in Part IV. ▶\$	50,081.
Pa	rt I-B	Complete if the ord	panization is exempt und	ler section 501(c)(3).	
			incurred by the organization und		▶ \$	
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.	 	1: 504/)	-1(0)
Pa	rt I-C		ganization is exempt und			
1		• •	d by the filing organization for se			
2		• -	nization's funds contributed to of	ther organizations for s	section 527	
_	•	unction activities	- Addition of and O. Fotos bosses	Farm 1100 DO	•	
3		empt tunction expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO	∟, ► ¢	
	line 17b	iling organization file Form	1120 BOL for this year?		•	Yes No
5	Enter the made pa	e names, addresses and er lyments. For each organiza- tions received that were pr	mployer identification number (E ation listed, enter the amount par comptly and directly delivered to additional space is needed, pro-	id from the filing organ a separate political or	iization's funds. Also enter th ganization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	<u> </u>			<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	WORKERS LO	CAL 2320		02-0	0280098 Page 2		
Part II-A Complete if the orga	anization is exer	npt under sectio	n 501(c)(3) and file	ed Form 5768			
(election under sect	ion 501(h)).						
🗚 Check 🕨 💹 ıf the filing organizatı	on belongs to an affil	lated group.					
3 Check 🕨 🔛 if the filing organizati	on checked box A ar	d "limited control" pro	ovisions apply.		T		
	s on Lobbying Expe tures" means amou	nditures ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)					
b Total lobbying expenditures to influ-			_				
c Total lobbying expenditures (add lin	es 1a and 1b)						
d Other exempt purpose expenditure	S		Ļ				
e Total exempt purpose expenditures	(add lines 1c and 1c	d) .]_		-		
f Lobbying nontaxable amount. Ente	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
If the amount on line 1e, column (a) or	(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 plus 15% of the exc					
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc					
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000	\$1,000,	000					
	<u></u>				<u> </u>		
g Grassroots nontaxable amount (ent							
h Subtract line 1g from line 1a. If zero			-				
i Subtract line 1f from line 1c. If zero		le de del Alexandro	Latina fila Farra 4700		<u> </u>		
j If there is an amount other than zer		line 11, did the organiz	ation file Form 4/20		Yes No		
reporting section 4911 tax for this y			Coation 501/h		Tes [140		
	ations that made a s		n do not have to comp es 2a through 2f on pa				
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2007	(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							
e Grassroots ceiling amount (150% of line 2d, column (e))							
Greenroote lebburg expenditures	<u> </u>						

Schedule C (Form 990 or 990-EZ) 2010 WORKERS LOCAL 2320 02-0280098 Page 3

	01111 000 01 000 LL, L0					
Part II-B	Complete if the	organization	is exempt under	section 501(c)(3)	and has NO	T filed Form 5768
	(election under	section 501(h)).			

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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? if "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	No	Ama	5,971
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		75	. 971
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g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		75	971
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		/:	\ 4 / I
i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			,,,,,,
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7.	071
			971
b If "Yes," enter the amount of any tax incurred under section 4912	X		
c 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?	(a)(E) ar as	otion	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(o), or se	CHOH	
331(3)(3)		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Х	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X
"Yes." Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
	2a		
a Current year			
a Current year b Carryover from last year	2b		
a Current year b Carryover from last year c Total	2b 2c		
b Carryover from last year c Total			
b Carryover from last year c Total	2c_		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	2c_		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2c_		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 	2c 3		

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Employer identification number 02-0280098

Par	Companizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	,	Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	· —	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t 朏 Organizations Maintaining Collections o	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic 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		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320 02-0280098 Page 2 Schedule D (Form 990) 2010 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 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): Loan or exchange programs Public exhibition Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes 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 Nο on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year 1e e 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. (d) Three years back (e) Four years back (b) Prior year (c) Two years back (a) Current year 1a Beginning of year balance Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Permanent endowment c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by. 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь

Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated (b) Cost or other (d) Book value Description of investment (a) Cost or other depreciation basis (investment) basis (other) 1a Land 53,261. 83,983. 137,244. Buildings Leasehold improvements 27,466. 50,660. d Equipment 7,676. 32,358. 24,682. e Other 114,853. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

02-0280098 Page **3**

Part VI	Investments - Other Securities. See	Form 990, Part X, line 12			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	
(1) Financ	ial derivatives				
	y-held equity interests	22,686.	Cost		
(3) Other		100 460	0 - 1		
	ERTIFICATE OF DEPOSIT	108,462.	Cost		
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)		··			
(H)					
	(b) must equal Form 990, Part X, col (B) line 12)	131,148.		······································	······································
Part VI	II Investments - Program Related. Se		3.		
				(c) Method of valuat	tion.
	(a) Description of investment type	(b) Book value		Cost or end-of-year mark	ket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		·			
(7)					
(8)		<u> </u>			
(9)					
(10)					
	(b) must equal Form 990, Part X, col (B) line 13)		<u> </u>		
Part IX					(b) Book value
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)			 -		
(6)					
<u>(7)</u>					
(8) (9)					
(10)			·		
	olumn (b) must equal Form 990, Part X, col (B) line	: 15.)			
Part X	Other Liabilities. See Form 990, Part X,	line 25.			
1.	(a) Description of liability		(b) Amount		
(1) F	ederal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				\dashv	
(9)				 	
(10)					
(11)				\dashv	
Total. (Co	olumn (b) must equal Form 990, Part X, col (B) line (ASC 740) Footnote in Part XIV, provide the text of the footnote to (ASC 740)	the organization's financial states	ments that reports the	organization's liability for uncerta	in tax positions under
2. FIN 48 032053	(ASC 740)		 		edule D (Form 990) 2010
12-20-10				Scn	edule D (Form 990) 2010

02-0280098 Page 4 WORKERS LOCAL 2320 Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 investment expenses 7 7 Prior period adjustments 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2b **b** Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 2ď d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered months \$15,000 on Form 990-EZ, line 6a.

▲ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open To Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Employer identification number

Schedule G (Form 990 or 990-EZ) 2010

WORKERS	DOCKU 2320				02-0200	
Part I Fundraising Activities required to complete this par	. Complete if the organization answ t.	ered "\	es" to	o Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais	sed funds through any of the follow	no actr	vities.	Check all that apply		
a Mail solicitations		-		overnment grants	•	
			-	-		
b Internet and email solicitations	F		-	nment grants		
c Phone solicitations	g X Specia	l fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individua	al (includ	dina o	fficers, directors, trus	stees or	
key employees listed in Form 990, P	-					X No
	· · · · · · · · · · · · · · · · · · ·					
b If "Yes," list the ten highest paid indi		suant to	agre	ements under which	the fundraiser is to	De
compensated at least \$5,000 by the	organization.					
		7			(d) Amount mod	
(i) Name and address of individual		(iii) fundi	Did alser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by) organization
, ,		contrib	utions?	•	listed in col. (i)	Organization
		Yes	No	·	·	
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		-			1	
		1	}	}		
		+				
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				!		
Total						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	t it is exempt from re	egistration
or licensing.					•	J
AL, AK, AZ, AR, CA, CO, CT,	DE.FL.GA.HI.ID.II.	.TN.	TA.	KS.KY.TA.M	E.MD.MA.MT	.MN.MS.MO
MT, NE, NV, NH, NJ, NM, NY,						
HI, NE, NV, NH, NO, NH, NI,	Ne, NB, OH, OK, OK, IA	/ IC	00,	OD / IN / IN / O	1 / 1 / 1 / 121 / 1121	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						
·- <u>-</u>						
		-				
					"	
						
						

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 Page 2 WORKERS LOCAL 2320 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events GOLF None (add col. (a) through TOURNAMENT col. (c)) (total number) (event type) (event type) 20,400. 20,400 Gross receipts 2 Less: Charitable contributions 20,400. 20,400. Gross income (line 1 minus line 2) Cash prizes Noncash prizes **Direct Expenses** 11,907. 11,907. 6 Rent/facility costs Food and beverages Entertainment Other direct expenses 11,907 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,493. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Garming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

_ Yes

b If "Yes," explain:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 WORKERS LOCAL 2320 Schedule G (Form 990 or 990-EZ) 2010 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name ▶ Address > 16 Gaming manager information: Name > Gaming manager compensation ▶ \$ Description of services provided Independent contractor Director/officer 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

C32083 01-13-11 Schedule G (Form 990 or 990-EZ) 2010

% X Employer identification number 02-0280098 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section (d) Amount of or government Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part #

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Page 2

02-0280098

Schedule I (Form 990) (2010) WORKERS LOCAL 2320

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

Part III can be duplicated if additional space is needed					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP TO MEGHAN METCALF OF ROLLINSFORD, NH	0	2,000.	0.		
SCHOLARSHIP TO EMILY SWEENEY OF WEARE, NH	0	2,000.	0.		
. ~	0	2 000	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(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 2320

Employer identification number 02-0280098

Form 990, Part VI, Section B, line 11: THE FEDERAL FORM 990 IS REVIEWED
AND SIGNED BY THE TREASURER. THE VOLUNTEER MEMBERS OF THE BOARD DO NOT
UNDERSTAND THE COMPLEXITIES OF THIS FORM AND THEREFORE DIRECT THE TREASURER
TO CONSULT WITH THE CPA/TAXPREPARER FOR ANY ISSUES.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES THE
FINANCIAL RECORDS AND TAX RETURNS AVAILABLE UPON REQUEST FOR PUBLIC
INSPECTION.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 2010 Open to Public Inspection Employer identification number 02-0280098 ž OMB No 1545-0047 Direct controlling Yes 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.) Direct controlling entity E ٥. End-of-year assets **e** status (if section Public charity 501(c)(3)) e Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code section ত ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) New Hampshire INTERNATIONAL BROTHERHOOD OF ELECTRICAL COMMERCIAL PROPERTY RENTAL ► Attach to Form 990. Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. WORKERS LOCAL 2320 46 Third Street, Inc. - 02-0305632 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity MANCHESTER, NH 03102 Name of the organization Department of the Treasury Internal Revenue Service 46 THIRD STREET SCHEDULE R (Form 990) Part II Part

WORKERS LOCAL 2320

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.) Schedule R (Form 990) 2010 part III

Page 2

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æ	General or Percentage managing ownership										
9	Seneral or managing partner?	Yes No									
8	Code V-UB! amount in box 20 of Schedule	K-1 (Form 1065)	-								
ε	Disproportion- ate allocations?	Yes No		_							
(6)	Share of end-of-year							·			
ω	Share of total income										
(e)	Predominant income (related, unrelated, aveluded from fax under	sections 512-514)									
(Q)	Direct controlling entity										
(2)	Legal domicile (state or	foreign country)									
9	Primary activity										
(e)	Name, address, and EIN of related organization										

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.) Part IV

	,						
(a)	(q)	9	©	(e)	£	(6)	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of Fend-of-year assets	Percentage ownership
						•	
			i				

Schedule R (Form 990) 2010

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Page 3

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Schedule R (Form 990) 2010 WORKERS LOCAL 232

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	is with one or more re	elated organizations listec	d in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			٠	1a
b Gift, grant, or capital contribution to other organization(s)				1b
c Gift, grant, or capital contribution from other organization(s)				10
d Loans or loan guarantees to or for other organization(s)				14
				4
e Loans of loan gualantees by other organization(s)	•		:	
f Sale of assets to other organization(s)			•	=
g Purchase of assets from other organization(s)				19
h Exchange of assets				1h
i Lease of facilities, equipment, or other assets to other organization(s)				1i
j Lease of facilities, equipment, or other assets from other organization(s)				1j
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)		,	+
Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)		;	=
m Sharing of facilities, equipment, mailing lists, or other assets				1m
n Sharno of paid employees				-
	•			
O Reimburcement hard to other organization for expenses				-
	•			
p Heimbursement paid by other organization for expenses				J.
 q Other transfer of cash or property to other organization(s) 			:	19
 Other transfer of cash or property from other organization(s) 				+
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	
	type (a-r)		amount involved	
(1)				
v	j			
(2)				
(6)				
(4)				
(9)				
12.21.10			olibedas	Schedule B (Form 990) 2010

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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

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.

(e)	(q)	(0)	Đ	(9)	Œ	(6)	£
Name, address, and EIN of entity	Primary activity	ig %	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate altocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	- 1
				-			
							+
		,					
			-				
			_				

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 Page 5 WORKERS LOCAL 2320 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).

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

► Attach to your tax return.

Name(s)	shown on return			Business or	activity to which	ch this form relate	S	Identifying number
INT	ERNATIONAL BROTHER	HOOD OF E	LECTRICAL					
	KERS LOCAL 2320			Form !	990 Pa	age 10		02-0280098
Part		tv Under Section 1	79 Note: If you have				V before vo	
	aximum amount (see instructions)	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>y</u>	,		1	500,000.
	tal cost of section 179 property place	ad in caniica (cae	inetructions)				2	
		•	•				3	2,000,000.
	reshold cost of section 179 property						4	2/000/0000
_	eduction in limitation. Subtract line 3 f						5	
	liar limitation for tax year Subtract line 4 from line (a) Description of pro			stely, see instru st (business us		(c) Elected		
6	(a) Description of pre	лрен у	(6) 66	31 (00311033 03	,	(c) Licotos		
					-			
								
	sted property. Enter the amount from				7			
	ital elected cost of section 179 prope		s in column (c), lines	6 and 7			8	
	entative deduction. Enter the smaller						9	
	arryover of disallowed deduction from	•					10	
	usiness income limitation. Enter the si						11	
12 Se	ection 179 expense deduction. Add li	nes 9 and 10, but	t do not enter more	than line 11			12	······································
	arryover of disallowed deduction to 2				13	_ _		
Note:	Do not use Part II or Part III below for	<u> </u>						
Part	II Special Depreciation Allowa	nce and Other D	epreciation (Do no	t include lis	sted prope	rty.)		
14 Sp	pecial depreciation allowance for qua	lified property (oth	her than listed prop	erty) placed	l in service	during		
th	e tax year						14	
15 Pr	operty subject to section 168(f)(1) ele	ection					15	
16 Ot	ther depreciation (including ACRS)						16	2,527.
Parl	III MACRS Depreciation (Do no	t include listed pr	roperty.) (See instru	ctions.)				
			Section A	A				
17 M	ACRS deductions for assets placed i	n service in tax ye	ears beginning befo	re 2010			17	1,767.
	ou are electing to group any assets placed in sen				check here_			
	Section B - Assets	Placed in Service	e During 2010 Tax	Year Usin	g the Gen	eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	tuse (d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	7						
c	7-year property	7						
d	10-year property	7	-					
e	15-year property	7						
<u> </u>	20-year property	7						
9	25-year property	7			25 yrs.		S/L	
	20 your property	1			27.5 yrs.	MM	S/L	
h	Residential rental property	,			27.5 yrs.	MM	S/L	
					39 yrs.	MM	S/L	
i	Nonresidential real property	'	Statement	1	39 yrs.	MM	S/L	368.
	Section C - Assets F				the Altern			
20.0		12302 00. 1100					S/L	
20a	Class life	7			12 yrs.	 	S/L	
b_	12-year	+ ,	 		40 yrs.	MM	S/L	
Par	40-year V Summary (See instructions.)		1		,o ,13.	1 141141	- O/L	
							21	3,550.
21 L	sted property. Enter amount from line	3 2 0					<u></u>	5,550.

23 For assets shown above and placed in service during the current year, enter the

22 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 instr.

22

23

8,212.

Form 4562 (2010)

WORKERS LOCAL 2320

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P	art V Listed Proper amusement.)	ty (Include a	utomobiles, ce	rtain oth	er vehicles	, certa	in com	outers	s, and prop	erty us	ed for er	tertainm	ent, rec	reation, d	or
	Note: For any	vehicle for wi	hich you are us	ing the	standard m	ıleage	rate or	dedu	cting lease	expens	se, comp	lete only	y 24a, 24	lb, colun	nns (a)
	through (c) of S	Section A, all	of Section B,	and Sec	tion C if ap	olicab.	le.								
			on and Other											1 V	<u> </u>
24a	Do you have evidence to s	1		nt use cia	ilmed / La	<u>Υe</u>		No	24b lf "Y						<u> No</u> i)
	(a)	(b) Date	(c) Business/		(d)	Basis	(e) for depre	ciation	(f) Recovery	1	(g) thod/		h) ciation	Elec	
	Type of property (list vehicles first)	placed in	investment	l oti	Cost or her basis	(busii	ness/Inves		period		vention		iction	sectio	
	''	service	use percentag	18		<u> </u>			l					CO	SI
25	Special depreciation alle			property	placed in	service	e during	the ta	ax year an	d					
	used more than 50% in										25	<u></u>			
26	Property used more that	in 50% in a c													
		ļ		6		 			<u> </u>						
	-1	<u> </u>	 -	6		╁						-	550.		-
	atement 2	<u> </u>	 	6		Ь			<u>l</u>			3,	550.		
<u>27</u>	Property used 50% or l	ess in a qual							T		- -	1			
			 	6		+				S/L·					
			I	6		┿				S/L·					
		<u> </u>		6					<u> </u>	S/L·	Τ	-	550.		
	Add amounts in column					e 21,	page 1				28	3,			
<u>29</u>	Add amounts in column	n (I), line 26. E							_				29		
			_		3 - Informa										
Cor	mplete this section for ve	ehicles used	by a sole prop	rietor, p	artner, or o	ther "r	nore the	an 5%	owner," o	or relate	d persor	۱.	••	4. 4.	
_	ou provided vehicles to	your employe	es, first answ	er the qu	estions in	Sectio	n C to s	ee It y	you meet a	an exce	ption to	completi	ng this s	ection to	or
tho	ose vehicles.				·							r			
						(b)		(c)	(d)		1 .	e)	(f)	
30	Total business/investment	miles driven d	luring the	Veh	ncle	Vehi	cle	\	/ehicle	Ve	hicle	Vet	ncle	Vehicle	
	year (do not include com	muting miles)			-										
31	Total commuting miles	driven during	the year												
32	Total other personal (no	oncommuting	g) miles												
	driven											ļ			
33	Total miles driven durin	g the year.													
	Add lines 30 through 33	2		<u> </u>	T								1		
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?										<u> </u>	 -			
35	during on-duty nours?									1					
	Was the vehicle used p		more			i				1					
	• •		more												
	Was the vehicle used p	ed person?				_									
	Was the vehicle used p	ed person? able for perso	onal												
36	Was the vehicle used p than 5% owner or relat is another vehicle available.	ed person? able for person Section C	onal												
36	Was the vehicle used p than 5% owner or relat is another vehicle available.	ed person? able for person Section C	onal										re not m	ore than	5%
36 Ans	Was the vehicle used p than 5% owner or relat is another vehicle avail- use? swer these questions to mers or related persons.	ed person? able for person Section C determine if	onal - Questions 1 you meet an e	xception	to comple	ting S	ection E	3 for v	ehicles us	ed by e	mployee	s who a	re not m		T
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Form 4562 Part III - Nonre	Part III - Nonresidential Real Property Sta						
(a) Description of Property	(b) Mo/Yr	(C) Basis	(d) Period	(g) Deduction			
LEASEHOLD IMPROVEMENTS - CHIMNEY REBUILD LEASEHOLD IMPROVEMENTS - CENTRAL	08 10	15,525.	39.0 YRS	282.			
A/C LEASEHOLD IMPROVEMENTS - WIRING LEASEHOLD IMPROVEMENTS - WIRING	01 11 11/10 10/10	4,770. 2,950. 1,050.	39.0 YRS	36. 35. 15.			
Total to Form 4562, Part III, line	19i	24,295.		368.			

Form 4562, Pa	rt V	Listed	Property	Informat	ion-More	Than 5	50% Statemer	nt 2
(a) Description	(b) Date	(C) Bus. %	(d) Cost	(e) Basis	(f) Life M	(g) th/Cv	(h) (i) Deduction Ele	179 ected
(j) (k) Auto Total No Miles		ess Cor	(m) mmuting P Miles	(n) ersonal Miles	Was Veh. Avail.?	> 5% Owner?	(q) Another Veh ? Available? Y N	
2007 FORD 1 500 - DARK GREY	.1/07/06	100.00	25,578.	25,578	. 5.00 SI	-нү	1,775.	_
2007 FORD 1 500 - LIGHT GREY	1/07/06	100.00	25,082.	25,082	. 5.00 SI	-нү	1,775.	
Total to Form	n 4562,	Part V,	Line 26				3,550.	