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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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	or the	2011 calendar year, or tax year beginning MAY 1, 2011 and	ending P	PR 30, 2012	
В	Check if applicable	INTERNATIONAL BROTHERHOOD OF ELECTRICA	AL	D Employer identific	ation number
Ļ	change	WORKERS LOCAL 2320			
L	Name change	Doing Business As		02-02	280098
	Initial return Termin	1	Room/suite	E Telephone number	569-8657
늗	—Jated ⊟Amend	40 ININO DINDEI		 	1,365,993.
누	lretum Applic tion	City or town, state or country, and ZIP + 4 MANCHESTER, NH 03102		G Gross receipts \$	
Ъ.	⊥ltiòn pend≀r		***	H(a) Is this a group ref	Yes X No
		F Name and address of principal officer:GLENN BRACKETT		for affiliates?	_ =
_		same as C above		H(b) Are all affiliates incli	
		empt status: 501(c)(3) X 501(c) (5) (insert no) 4947(a)(1) (or 527	1	ist. (see instructions)
		e: N/A	1	H(c) Group exemption	
	art I	organization			State of legal domicile NH
6)	1	Briefly describe the organization's mission or most significant activities: ENFOI	RCEMEN	IT OF COLLECT	CIVE
Activities & Governance		BARGAINING AGREEMENT. UNION REPRESENTAT			
Ē	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Š		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	136
ij	1	Total number of volunteers (estimate if necessary)		6	0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
es.	8	Contributions and grants (Part VIII, line 1h)		1,417,514.	1,344,001.
Ž		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,436.	2,429.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,695.	8,569.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,436,645.	1,354,999.
	T	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,000.	6,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		612,276.	748,640.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĕ	Ь.	Total fundraising expenses (Part I又 தெரு புற் () இந்த (இந்த இந்த இந்த இந்த இந்த இந்த இந்த இந்த	0.		
Ж	17	Other expenses (Part IX, column (A), lines-11a-11d, 117-24a))		495,224.	529,779.
		Total expenses. Add lines 13-17 (must equal Rart X, column(A), line 25)		1,113,500.	1,284,419.
	19	Revenue less expenses. Subtract line-18 from line-12		323,145.	70,580.
- Se	1	Heverlag less expenses. edgader investo well line 12	Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16) OOPEM, UT		739,570.	810,128.
Ass	21	Total liabilities (Part X, line 26)		871.	849.
Net Assets or Eurof Balances	22	Net assets or fund balances. Subtract line 21 from line 20		738,699.	809,279.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of preparer (othe <u>r than</u> officer) is based on all information of wh			,
,	, 001100	1 190 Bull ST		7/11/12	<u></u>
Sig	ın	Signature of officer		Date	
He		GLENN BRACKETT, BUSINESS MANAGER			
3.0		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	GEORGE BENTAS, CPA, MST GEORGE BENTAS,	CPA,	7/12/12 self-employed	p00028461
	parer	Firm's name Roy & Bentas CPAs P.C.		Firm's EIN ▶	20-0147427
	Only	Firm's address 697A Union Street			
	,	Manchester, NH 03104		Phone no 60	3-625-5715
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		12.000000000000000000000000000000000000	X Yes No
	001 01-2		ons.		Form 990 (2011)

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	rt 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.		
	ONION HEREBERO.	 .	
2	Did the organization undertake any significant program services during the year which were not listed on		(V)
	the prior Form 990 or 990-EZ?	L Ye:	s X No
	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?	Ye:	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	ired by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)		<u> </u>
	Representation of approximately 877 members involving negot	iations	and
	disputes between employee and employer.		
	disputes between employee and employer.		
		•	
46	15		
4b	(Code) (Expenses \$		
	Union administration and management.		
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$		···········
			-
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶		
		Form	990 (2011)

Form 990 (2011) WORKERS LOCA
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		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		Х
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 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	İ	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	 	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8				*
O	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	ŀ	х
	Schedule D, Part III	-	 	
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	_		Х
40	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 temporarily restricted endowments, permanent			Х
	endowments, or quasi-endowments? 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, 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	X	-
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	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			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		۱
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? 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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ĺ		l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
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	
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	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	•	Form	990 (2011)

7				
	-		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22	Х	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22	- 1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		_	
278	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		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
c	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				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ŀ
ь	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		i
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ŀ	.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	x	,
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_^	
34	Was the organization related to any tax-exempt or taxable entity?	34		Х
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	Did the organization have a controlled entity within the meaning of section 312(0)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	558		
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		İ	<u> </u>
-	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		X
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	
		Form	990 ((2011)

* * * *	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			
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 136			
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		1	
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
þ	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	_		l .
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_	•	1
e		7e	\vdash	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8	•	1
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a	i '	1
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 00		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		•	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	ggn	/2011\

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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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	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 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		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·		
Ŭ	persons other than the governing body?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	· · · · · · · ·		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 52		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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		<u>X</u>
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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	- I - I	10	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ıe	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request	d fina-	olo!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	u iiiidi	icidi	
00	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:		
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.

Check this box if neither the organization (A)	(B)			(0		-		(D)	(E)	(F)
Name and Title	Average	(de		Pos	tion	than o	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson i	s both r/trus	h an	compensation	compensation	amount of
	week	-	æran	uad	recto	i/trus	(ce)	from	from related	other compensation
	(describe hours for	or director				_ '		the organization	organizations (W-2/1099-MISC)	from the
	related	8	3 <u>3</u>			nsate		(W-2/1099-MISC)	(** 2 1033 111100)	organization
	organizations	trustee	15 E		86	ompe		(and related
	ın Schedule	Individual	Institutional trustee	英	emp.	Highest compensated employee	귤			organizations
	O)	直	臣	Officer	Key	五星	臣			
(1) CARLENE HORNE		ĺ						4 000		
RECORDING SECRETARY	5.00	X	_			<u> </u>		4,200.	0.	0.
(2) DOUGLAS CLARK	- 00						ŀ	2 001		_
E BOARD UNIT 1	5.00	X	_			<u> </u>		2,091.	0.	0.
(3) CHARLES CAREY	F 00						1	02.700	^	_
E BOARD UNIT 2	5.00	X	-			ļ	<u> </u>	93,799.	0.	0.
(4) RYAN AVERY	5 00	,,						1 002	0.	0.
E BOARD UNIT 3	5.00	X		 -	<u> </u>	<u> </u>	-	1,903.	· · · · · · · · · · · · · · · · · · ·	
(5) DAVID MCFADDEN	E 00	.				l		6 222	0.	0.
E BOARD UNIT 4	5.00	X	-	_			-	6,323.		- 0.
(6) GAIL BADGER	E 00	v	Ì			1		8,432.	0.	0.
E BOARD UNIT 5	5.00	X				╁		0,432.	0.	
(7) STEVEN CHAVANELLE	5.00	x						5,507.	0.	0.
E BOARD UNIT 5	3.00	^		 	 -	-		3,307.	<u> </u>	<u>.</u>
(8) THOMAS WOLFE	5.00	X			ŀ			3,261.	0.	0.
E BOARD UNIT 7 (9) JAMES DENNETT	3.00	1	-			┼╌	-	3/2011		
(9) JAMES DENNETT E BOARD UNIT 8	5.00	x						3,520.	0.	0.
(10) JEFFREY MILOT		 			-	╁		3,353		
E BOARD UNIT 9	5.00	x						3,827.	0.	0.
(11) MARY TURCOTTE		+	-		-	-				
E BOARD - ACCOUNTING	5.00	X						0.	0.	0.
(12) LISA OAKES										
E BOARD - TRAFFIC ZONE	5.00	X						0.	0.	0.
(13) JAMES LEMAY										
TREASURER	5.00	X						11,229.	0.	0.
(14) JOHN W. MURPHY										_
E BOARD UNIT 6	5.00	X						1,965.	0.	0.
(15) STEVE POOLE			_	1				_		
PAST VICE PRES.	5.00	X	<u>L</u> .	<u> </u>			L	275.	0.	0.
(16) WILLIAM J. O'NEIL										
PRESIDENT	10.00	<u> </u>	<u> </u>	Х	L.	<u> </u>		71,593.	0.	0.
(17) DAVID DUHAMEL								2 225	_	_
VICE PRESIDENT	5.00	<u> </u>		X	L_			3,205.	0.	0.
										Form 990 (2011)

Form 990 (2011)

	VII Section A. Officers, Directors, Tru	ustees. Kev Er	nplo	vee	s. a	nd F	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	C) ItION more rson i	than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation from related		(F) stimate mount other	_
		(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from the ganizate nd relate ganizate	e Ion ed
(18)	KELLY TOROSIAN									_			
PAST	BENEFITS COORD.	10.00	<u> </u>		X		<u> </u>		32,941.	0	•		0.
(19)	GLENN BRACKETT	40.00	ł						107 400				^
	NESS MANAGER	40.00	-	ļ		-	X		127,490.	00	+		0.
	DAVID K. O'CONNOR	10 00	İ		l				121,290.	0			0.
	NESS AGENT	10.00		-	1	├	-		121,290.	0	•		<u> </u>
	LORRAINE BLEAU	40.00	ľ						78,597.	0	_		0.
FINA	NCIAL SEC./OFFICE MGR	40.00							707337.				
						_							_
			-										
							Ļ		581,448.	0	-		0.
	Sub-total	II O A A							0.	0			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							581,448.	0		-	0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r				_	2
	compensation from the organization											Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	еу ег	mplo	oyee	, or	highest compensated e	mployee on	3_		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le c							the organization	4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion	from	any	/ uni			idual for services	5_		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of the organization. Report compensation for										sation	from	
	(A) Name and business			ON		MILLI	<u>01 vi</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B) Description of s			(C) ensatio	on.
											-		
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot l	mite	d to		se li O	stec	d above) who received n	nore than		000	

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 WORKERS LOCAL 2320 Form 990 (2011) Page 9 Part VIII Statement of Revenue (D) Revenue excluded from (B) (C) (A) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1ь 1,298,154. **b** Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 45,847. similar amounts not included above Noncash contributions included in lines 1a-1f \$,344,001 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue \triangleright g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,369. 2,369. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) \triangleright d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 60. assets other than inventory b Less: cost or other basis and sales expenses 60. c Gain or (loss) 60. 60. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See 19,563 Part IV. line 18 10,994. b Less: direct expenses 8,569. 8,569 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a ь

354,999.

2,429.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

8,569.

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).

	Charlet Schodule O contains		- D - 4 IV		
	Check if Schedule O contains a respon	(A)	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	6,000.			torn to to
3	Grants and other assistance to governments,	}			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors.	560 500			
	trustees, and key employees	569,523.	· 	ļ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 745			
7	Other salaries and wages	102,745.			
8	Pension plan accruals and contributions (include	14 030			
_	section 401(k) and section 403(b) employer contributions)	14,238.			
9	Other employee benefits	62 124			
10	Payroll taxes	62,134.		ļ. — — —	
11	Fees for services (non-employees):				
a	Management	05 150		ļ	
b	Legal	95,158. 6,544.		 	
C	Accounting	6,344.		 	
d	Lobbying		······································		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			 	
9	Other	6,895.		 	
12	Advertising and promotion	14,563.			
13 14	Office expenses	314.			
15	Information technology Royalties			 	
16	Occupancy	11,128.		 	
17	Travel	41,177.		 	
18	Payments of travel or entertainment expenses	11/1//			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,207.	_		
20	Interest	30/2071			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,305.			
23	Insurance	18,866.		 	
24	Other expenses Itemize expenses not covered		· 		······································
_,	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FEES - INTERNATIONAL AS	139,961.		1 1 11 11 11 11	·
b	AFFILIATED DUES	48,629.			
c	COPE FUND EXPENDITURES	29,877.			
d	BENEVOLENT FUND EXPENDI	22,040.			
е	All other expenses	49,115.			<u> </u>
25	Total functional expenses. Add lines 1 through 24e	1,284,419.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0011)

Part X Balance Sheet (A) Beginning of year End of year 79,013. 32,655 1 Cash - non-interest-bearing 492,729. 460,914. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 220,262. 114,714. 10a basis. Complete Part VI of Schedule D 105,548. 114,853. 10c 10b **b** Less: accumulated depreciation 11 11 Investments - publicly traded securities 132,838. 131,148. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 810,128. 739,570. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 849 871. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 871. 849. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 728,078. 27 788,318. Unrestricted net assets 28 28 Temporarily restricted net assets 20,961. 10,621. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 809,279. 738,699. 33 33 Total net assets or fund balances 810,128. 739,570. Total liabilities and net assets/fund balances

02-0280098 WORKERS LOCAL 2320 Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1,354,999. 1 Total revenue (must equal Part VIII, column (A), line 12) 1,284,419. 2 2 Total expenses (must equal Part IX, column (A), line 25) 70,580 3 Revenue less expenses. Subtract line 2 from line 1 3 738,699 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5 Other changes in net assets or fund balances (explain in Schedule O) 809,279 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: Consolidated basis Both consolidated and separate basis 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.

3b

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

2011

Open to Public Inspection

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.

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 35c (Proxy Tax), then

• ;						
Nam	ne of organization INTERNA	TIONAL BROTHERHOO	DD OF ELECTI	RICAL	Emplo	yer identification number
	WORKERS	LOCAL 2320				02-0280098
Pa	ert I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 5	27 or	ganization.
2	Provide a description of the organize Political expenditures Volunteer hours	ation's direct and indirect politica	al campaign activities ii	n Part IV.	> \$	
Pa	ert I-B Complete if the org	janization is exempt unde	er section 501(c)(3).		
1	Enter the amount of any excise tax				▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?			Yes No
	Was a correction made?		-			Yes No
Ь	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section	501(c	:)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,			
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and er	nployer identification number (EIN	N) of all section 527 po	litical organizations to	which	the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also er	nter the	e amount of political
	contributions received that were pr	• •	separate political orga	anization, such as a s	enarat	
	political action committee (PAC). If	additional space is needed, provi-			opu.u.	e segregated fund or a
		accinental opace to treeseal prott	de information in Part	IV		e segregated fund or a
	(a) Name	(b) Address	de information in Part (c) EIN	(d) Amount paid fi filing organization funds. If none, ente	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	(a) Name		T	(d) Amount paid fi	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	(a) Name		T	(d) Amount paid fi	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	(a) Name		T	(d) Amount paid fi	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	(a) Name		T	(d) Amount paid fi	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
	(a) Name		T	(d) Amount paid fi	rom	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 W	ORKERS LOC	AL 2320		02-0	0280098 Page 2
Part II-A Complete if the orga		npt under section	n 501(c)(3) and file	ed Form 5768	
(election under secti					
A Check 🕨 🛄 if the filing organization	n belongs to an affil	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check ► if the filing organization	n checked box A ar	nd "limited control" pro	visions apply.		
	on Lobbying Exper	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
4 a Tabel labbung a super disusa to reflue		areas reate labbutes)	!		
1a Total lobbying expenditures to influe					
b Total lobbying expenditures to influe	-	ay (direct lobbying)	ļ-		
c Total lobbying expenditures (add line	•		<u> </u>		
d Other exempt purpose expenditures		n	}		
e Total exempt purpose expenditures	•	•	.		
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,00	00,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero c	or less, enter -0-		1		
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye					Yes No
		eraging Period Under	Section 501(h)		
	tions that made a s	ection 501(h) election	n do not have to comp		
COIU			es 2a through 2f on pa	ge 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(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))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2011 WORKERS LOCAL 2320 02-028009

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

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 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, speaches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(e)(3)? b If Yes,* enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization nucured a section 4912 tax, did if the filing organization groanization in curred a section 4912 tax, did if the filing organization groanization in curred as excent 4912 tax, did if the filing organization make only inhouse lobbying expenditures of \$2,000 or less? Did the organization make only inhouse lobbying expenditures of \$2,000 or less? Did the organization make only inhouse lobbying expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, i answered "Yes." 1 Uses, assessments and similar amounts from members Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, i answered "Yes." 1 Uses, assessments and similar amounts from members Section 162(e) on odeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid, 3 Aggr	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b))
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? X A Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 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 by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Dues, assessments and similar amounts from members 5 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Cotal 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 8 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 politic	f the lobbying activity.	Yes	No		Amo	ount
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Employer identification number 02-0280098

Par	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
_		(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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements de	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	Till Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	if the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic 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		I gain, provide
	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		▶ \$

Sche	dule D (Form 990) 2011 WORKERS	LOCAL 232	0			_	02	-028	30098	Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	easures, c	or Other	Similar /	Sset	S (contii	nued)
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exemp	ot purpose	n Part	XIV.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part	jements. Comple				'Yes' to Fo	orm 990, Pa	rt IV, lii	ne 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table:						
	, ,	•							Amount	
С	Beginning balance .						1c	_		
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.									
Par		the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year		rior year	(c) Two year) Three years	back	(e) Four	years back
1a	Beginning of year balance		, , , ,							
b	Contributions	-								**********
c	Net investment earnings, gains, and losses									
d	Grants or scholarships							- 1	+++++++	**********
e	Other expenditures for facilities		-						***************************************	***************************************
•	and programs									
f	Administrative expenses									•
a	End of year balance	-							******	 - - -
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1	a. column (a	a)) held as:					
а	Board designated or quasi-endowment	,	%	3 , (,,					
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶									
•	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posses		ation tha	at are held a	and administe	red for the	organizatio	n		
-	by:	,0,0,1 0, 1,10 0, g							ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule B?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			t or other	(c) Acc	umulated		(d) Book	value
	becomplient of property	basis (investr			(other)		eciation		(-,	
1a	Land	 , 			· · ·					
	Buildings			13	37,244.		6,886	-	8(358.
	Leasehold improvements	<u> </u>						1		
	Equipment			5	0,660.		31,016		19	644.
	Other				2,358.		26,812			5,546.
	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part	X, colur				>			5,548.

1. (a) Description of liability (b) Book Value

(1) Federal income taxes

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

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

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

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

<u>Sc</u> he	dule D (Form 990) 2011 WORKERS LOCAL 2320					0280098	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted	Financial S	tatement	ts	
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		<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10			
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	/ith	Revenue po	er Returr	<u> </u>	
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:		1				
а	Net unrealized gains on investments	2a	ļ				
b	Donated services and use of facilities .	2b	├				
C	Recoveries of prior year grants	2c	ļ				
d	Other (Describe in Part XIV)	2d	<u> </u>		<u> </u>		
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:	ı	ı				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	├ ──				
b	Other (Describe in Part XIV.)	4b	L				
С	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	anda l	A/:+L	Evnances	5 Pot		
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents v	with	Expenses	l l		
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:	۱ ۵-	!				
a	Donated services and use of facilities	2a 2b	 		-		
D	Prior year adjustments	20 2c	 				
C	Other losses	2d	 				
0	Other (Describe in Part XIV.)	20			2e		
_	Add lines 2a through 2d Subtract line 2e from line 1			•	3		
3							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	I				
	Investment expenses not included on Form 990, Part VIII, line 7b	4b	\vdash				
	Other (Describe in Part XIV.) Add lines 4a and 4b	_ 45	<u>'</u>	*****	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pa	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						4; Part
				-			

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 more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open To Public Inspection

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Employer identification number

WORKERS LOCAL 2320 02-0280098 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Dıd (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

INTERNATIONAL BROTHERHOOD OF ELECTRICAL Schedule G (Form 990 or 990-EZ) 2011 WORKERS LOCAL 2320 02-0280098 Page 2 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events GOLF (add col. (a) through TOURNAMENT col. (c)) (event type) (event type) (total number) Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 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: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b if "Yes," explain:

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2011 WORKERS LOCAL 2320	02-02	280	098	Page 3
11				Yes	No
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?			Yes	No
13	Indicate the percentage of gaming activity operated in:	i			
	The organization's facility	ľ	13a	1	%
	An outside facility	<u> </u>	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	rdo:	100	<u> </u>	
1-4	the maine and address of the person who prepares the organization's gaining/special events books and recor	us.			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
c	of "Yes," enter name and address of the third party:				
	, , , , , , , , , , , , , , , , , , ,				
	Name ▶			<u>_</u>	
	Address ▶		_		
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation > \$				
	Description of services provided				
					-
	☐ Director/officer ☐ Employee ☐ Independent contractor		-		
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	ımns (III) a	and (v	/), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	ormation	(see I	nstruc	ctions).
			_		
			_		
					

SCHEDULE (Form 990)

OMB No 1545-0047

% ×

☐ Yes

Employer identification number 02-0280098 Open to Public Inspection 1 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, ► Attach to Form 990. INTERNATIONAL BROTHERHOOD OF ELECTRICAL 2320 Part 1 General Information on Grants and Assistance WORKERS LOCAL Name of the organization Department of the Treasury Internal Revenue Service

criteria used to award the grants or assistance?

02-0280098

Schedule I (Form 990) (2011) 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
THE HOUSELLY LIVE OF A TENDER WENDER OF ATTIBUTE TORONG	c	c	c		
SCHOOLANSHIF TO EMILLI SMEENEI OF MEANE, AN					
Part #V 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	addıtıonal information.	

132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

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.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2011	Open to Public	Inspection

OMB No 1545-0047

BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320 INTERNATIONAL

Employer identification number 02-0280098

Name of the organization Department of the Treasury Internal Revenue Service

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

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) New Hampshire COMMERCIAL PROPERTY RENTAL Primary activity Inc. - 02-0305632 Name, address, and EIN of disregarded entity MANCHESTER, NH 03102 46 Third Street, 46 THIRD STREET Part II

(g) Section 512(b)(13) controlled entity?	Yes No		-	<u>. </u>			_		
(f) Direct controlling entity									
(e) Public charity status (if section	501(c)(3))	_							
(d) Exempt Code section	:								
(c) Legal domicile (state or foreign country)	•								
(b) Primary activity									
(a) Name, address, and EIN of related organization					:				

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

Schedule R (Form 990) 2011

WORKERS LOCAL 2320

Schedule R (Form 990) 2011

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

02-0280098

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproportion- ate altocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Doublet Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable as	a Corpo	ration or Trust (Cor	mplete if the org	Janization	answered "Yes"	to Form 990, Pa	л IV, Ine 34	because it had o	ne or mor	e related
	rporation or trust during	the tax y	ear)								
(a) Name, address, and EIN of related organization	Zi ç		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) f total Share of end-of-year assets		(h) Percentage ownership
							:				
					_			·-·			

Schedule R (Form 990) 2011

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Page 3

02-0280098

Schedule R (Form 990) 2011

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

				⊦
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	s with one or more re	lated organizations listed i	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19
b Gift. grant, or capital contribution to related organization(s)				1b
				10
				14
e Loans or loan quarantees by related organization(s)				1e
f Sale of assets to related organization(s) .				14
g Purchase of assets from related organization(s)				19
h Exchange of assets with related organization(s)				#
i Lease of facilities, equipment, or other assets to related organization(s)				-
j Lease of facilities, equipment, or other assets from related organization(s)				1,
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			* =
Performance of services of membership of fundraising solicitations by related organization(s) Sharing of facilities equipment mailing lets or other assets with related organization(s)	inization(s) ion(s)			. E
Sharing of paid employees with related organization(s)				1n
 Rembursement paid to related organization(s) for expenses 				10
 P Reimbursement paid by related organization(s) for expenses 				1p
 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 	,			1q
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(2)				
(3)				
(4)				
(5)				
132163 01-23-12			Schedul	Schedule R (Form 990) 2011

Page 4

02-0280098

2320 WORKERS LOCAL Schedule R (Form 990) 2011 Part Vit 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.

(k) ercentage ownership						100
<u> </u>		 				
General or managing partner?		 	_	_	_	<u>`</u>
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage broats amount in box 20 managing ownership or Schedule K-1 partner? Ves No (Form 1065) Yes No		-				
E 6	 	 			-	
(h) Disproportional allocations?	 	 				
S le ch				_		
(g) Share of end-of-year assets	-					
(f) Share of total income						
_ 86 9	 _					
Ate all partners sec 501(c)(3) ongs 7						
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-02<u>800</u>98 Page 5 WORKERS LOCAL 2320 Schedule R (Form 990) 2011 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 i	Revenue Service (99)	see separate msti	uctions.	Attach to y	Our tax re	(UIII)		Sequence NO 173
	shown on return			Business or	activity to whi	ch this form relates	5	Identifying number
	ERNATIONAL BROTHER	HOOD OF E	LECTRICAL					
	KERS LOCAL 2320					age 10		02-0280098
Parl	Election To Expense Certain Prope	erty Under Section 17	9 Note: If you have	any listed p	oroperty, c	omplete Part	V before y	
1 M	aximum amount (see instructions)		•				1	500,000.
2 To	tal cost of section 179 property place	ced in service (see	instructions)				2	
3 Th	reshold cost of section 179 propert	y before reduction	in limitation				3	2,000,000.
4 Re	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				4	
5 Do	llar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If marned filing separ	ately, see instr	uctions		5	
6	(a) Description of p	roperty	(b) Co	st (business u	se only)	(c) Elected	cost	
7 Lis	sted property. Enter the amount fror	n line 29			7			
8 To	otal elected cost of section 179 prop	erty. Add amounts	ın column (c), lines	6 and 7			8	
9 Te	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 Ca	arryover of disallowed deduction from	m line 13 of your 20	010 Form 4562				10	
11 Bo	usiness income limitation. Enter the	smaller of business	income (not less t	han zero) o	r line 5		11	
12 Se	ection 179 expense deduction. Add	lines 9 and 10, but	do not enter more	than line 1	1		12	
13 Ca	arryover of disallowed deduction to	2012. Add lines 9 a	nd 10, less line 12		▶ 13			
Note:	Do not use Part II or Part III below for	or listed property. I	nstead, use Part V.					_
Par	II Special Depreciation Allow	ance and Other D	epreciation (Do no	t include li	sted prope	rty.)		
14 S	pecial depreciation allowance for qu	alified property (oth	er than listed prop	erty) placed	d in service	during		
th	e tax year						14	
15 Pr	operty subject to section 168(f)(1) e	lection					15	
	ther depreciation (including ACRS)				_		16	3,365
Par	MACRS Depreciation (Do n	ot include listed pr	operty.) (See instru	ctions.)				
			Section	A				
17 M	ACRS deductions for assets placed	in service in tax ye	ars beginning befo	re 2011			17	2,390.
18 ify	ou are electing to group any assets placed in se	rvice during the tax year	into one or more general	esset accounts	, check here	<u> </u>		
	Section B - Asset	s Placed in Servic	e During 2011 Tax	Year Usin	g the Gen	eral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprections (business/investment only - see instructions)	nt use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	7 1						
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			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	/			/	MM	S/L	
	Section C - Assets	Placed in Service	During 2011 Tax '	Year Using	the Alterr			stem
20a	Class life						S/L	
<u>208</u>	12-year	_			12 yrs.		S/L	
<u> </u>	40-year	 			40 yrs.	MM	S/L	
Par		<u> </u>						
	sted property. Enter amount from lin						21	3,550.
	sted property. Enter amount from income and the state of		es 10 and 20 in co	lumn (a) an	d line 21			

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

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr.

22

23

9,305.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 Page 2 WORKERS LOCAL 2320 Form 4562 (2011) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24b if "Yes," is the evidence written? X Yes 24a Do you have evidence to support the business/investment use claimed? X Yes No No (b) (e) (d) (f) (g) (h) Elected Date Business/ Basis for depreciation Recovery Method/ Depreciation Type of property Cost or placed in (business/investment section 179 investment (list vehicles first) deduction period Convention other basis use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 3,550. Statement % 27 Property used 50% or less in a qualified business use S/L· S/L· % S/L -% $3,\overline{550}$ 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (e) (f) (a) (b) (c) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 No Yes Yes No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Dout 1/1 Americation

(a) Description of costs	(b) Oate amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins duri	ng your 2011 tax year:				
					
					
Amortization of costs that began before	43				
44 Total. Add amounts in column (f). See	44				

Form 4562, Pa	rt V	Listed	Property	Informat	ion-More	Than !	50% State	ement 1
(a) Description	(b) Date	(C) Bus. %	(d) Cost	(e) Basis	(f) Life M	(g) th/Cv	(h) Deduction	(i) 179 Elected
(j) (k) Auto Total No Miles	Busin	ess Cor	(m) mmuting Pe Miles	ersonal	Was Veh.	> 5% Owner	(q) Another V Availably N	/eh. Le?
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	, –HY	1,775.	
Total to Form	n 4562,	Part V,	Line 26				3,550.	