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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning MAY 1, 2013 and ending APR 30, 2014 D Employer identification number Check if applicable C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL Address change WORKERS LOCAL 2320 Name change 02-0280098 Doing Business As Initial retum Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-603-669-8657 46 THIRD STREET Amendeo 1,183,196.City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-MANCHESTER, NH 03102 H(a) is this a group return pending Yes X No F Name and address of principal officer:GLENN BRACKETT for subordinates? same as C above H(b) Are all subordinates included? Yes 501(c)(3) X 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) I Tax-exempt status: H(c) Group exemption number ▶ J Website: ► N/A X Association L Year of formation 1972 M State of legal domicile NH Other **>** Corporation Trust K Form of organization Part I Summary Briefly describe the organization's mission or most significant activities: **ENFORCEMENT** OF **COLLECTIVE** Activities & Governance BARGAINING AGREEMENT. UNION REPRESENTATION AND ADMINISTRATION. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 16 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants Part VII, line 1h) 1,239,793 1,161,639. Revenue 0. 0 9 Program service revenue (Party) I, line 2g) The estment in come (Part 4/III column (A), lines 3, 4, and 7d) 1,816-2,034.10 Sther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,217. 10,484. 11 1,251,826 ,170,089. 12 6,000. 6,000. Grants and similar amounts paid Part IX, column (A), lines 1-3) 13 Ō. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 685,794 579,254. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 578,432 498,329. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,270,226. 1,083,583. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -18,40086,506. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 841,307. 913,091. 20 Total assets (Part X, line 16) 35,706. 50,428. 21 Total liabilities (Part X, line 26) 790,879. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Shachet Sign GLENN BRACKETT, BUSINESS MANAGER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 08/06/14 self-employed p00028461 GEORGE BENTAS, CPA, GEORGE BENTAS, CPA, MST Paid Firm's name Roy & Bentas CPAs P.C. 20-0147427 Firm's EIN Preparer Firm's address 697A Union Street Use Only Phone no 603-625-5715 Manchester, NH 03104

May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes [

Form 990 (2013

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 WORKERS LOCAL 2320 Page 2 Form 990 (2013) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ENFORCEMENT OF COLLECTIVE BARGAINING AGREEMENT ON BEHALF OF LOCAL IBEW UNION MEMBERS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. including grants of \$ (Code) (Expenses \$) (Revenue \$ Representation of approximately 664 members involving negotiations and disputes between employee and employer. including grants of \$ __ (Code) (Expenses \$ Union administration and management.) (Revenue \$ (Code ______) (Expenses \$ _ including grants of \$

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$ including grants of \$

) (Revenue \$

4e

Form 990 (2013) WORKERS LOCA
Part IV Checklist of Required Schedules

			Yes	No
	le the average described in posture 504(a)(2) or 4047(a)(1) (ather these a private foundation)(2)		165	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
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	1 2 3 4 5 5 6 7 8 8 9 10 11a 11b 11c 11d 11e 11f 12a 12b 13 14a 14b 15 16 17 18 19 20a		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	х	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	^	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
_	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			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
40	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	40		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI	IIa	- 21	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11h		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
А	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	1,0		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>_x</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</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		<u>_X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		' <u>, ,</u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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			<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 (
				10401

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
	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		
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		<u></u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ŀ		. <i>.</i>
	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			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		J.
	Part V, line 1	34		X
35a		35a		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
0-	If "Yes," complete Schedule R, Part V, line 2	36		ļ <u>.</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note. All Form 330 filets are required to complete ochedule o			(2013)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 70			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c		1
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
	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		
	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·····	ļ
b	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.	ļ		
а	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	-		
C	Enter the amount of reserves on hand		<u></u>	
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	(2013

Form 990 (2013)

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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 or note to any line in this Part VI						<u>X</u>
<u>Sec</u>	tion A. Governing Body and Management						
		ı	1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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			_			
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	ip 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	ne direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	_	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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,	stockh	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following	- 1			
а	The governing body?			8	3a	Х	
b	Each committee with authority to act on behalf of the governing body?			8	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form	? 1	1a		X
b	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			1	2a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	1:	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," de	escnbe				
	in Schedule O how this was done			1:	2c		
13	Did the organization have a written whistleblower policy?			1	3		<u>X</u>
14	Did the organization have a written document retention and destruction policy?			1	4		X
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent	"			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•					
а	The organization's CEO, Executive Director, or top management official			1	5a		<u> </u>
b	Other officers or key employees of the organization			15	5b		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	ment w	rith a		ĺ		
	taxable entity during the year?			1	6a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	nızatıo	า'ร				
	exempt status with respect to such arrangements?			10	6b		
Sec	tion C. Disclosure			<u></u>			
17	List the states with which a copy of this Form 990 is required to be filed ►NH		<u></u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	on 501(c)(3)s on	ly) ava	ılabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict o	of interest policy,	and fi	nan	cial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organ	ization	n: 🕨		
	JANENE MATHIEU - 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 or note to any line 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 organizat (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week	-	officer and a director/trustee)				,	from	from related	other	
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	5	器			nsate		(W-2/1099-MISC)	(11 11 1000 111100)	organization	
	organizations	trustee	Institutional trustee		85 6	Highest compensated employee				and related	
	below	Individual	흁	克	Key employee	loyer	喜			organizations	
	line)	亨	돨	Officer	ş	물등	Former				
(1) TODD BEDDARD	5.00	1								_	
RECORDING SECRETARY		X						4,725.	0.	0.	
(2) BILL LANG	4.00	ļ									
E BOARD UNIT 1		X						2,207.	0.		
(3) CHARLES CAREY	40.00	ļ						05 450	_	•	
E BOARD UNIT 2 AND ORGANIZER		X						85,470.	0.	0.	
(4) RYAN AVERY	4.00							1		•	
E BOARD UNIT 3	4 00	X						1,690.	0.	0.	
(5) DAVID MCFADDEN	4.00	١.,						F 400		0	
E BOARD UNIT 5	4 00	X	_					5,498.	0.	0.	
(6) ALEXANDER PAGNOTTARO	4.00	١.,						2 000	•	0	
E BOARD UNIT 5	1 00	X						2,089.	0.	0.	
(7) NICHOLAS MARTIN	4.00							2.750	0	0	
E BOARD UNIT 7	4 00	X				_		3,758.	0.	0.	
(8) JAMES GOLDEN	4.00	٠,						4 000	•	0	
E BOARD UNIT 8	1 00	X						4,902.	0.	0.	
(9) JEFFREY MILOT	4.00	١.,						4 001	•	0	
E BOARD UNIT 9	1 00	X					<u> </u>	4,001.	0.	0.	
(10) MARY TURCOTTE	1.00	.,				:		_	0	0	
E BOARD - ACCOUNTING	4 00	X						0.	0.	0.	
(11) LISA MOLLOY	4.00	.,						2 552	0	^	
E BOARD UNIT 4	10.00	X						3,553.	0.	0.	
(12) JAMES LEMAY	10.00	X						6 170	0.	0.	
TREASURER	4.00	^						6,170.	0.		
(13) JOHN W. MURPHY	4.00	X						2,150.	0.	0.	
E BOARD UNIT 6	4.00	^						_2,130.	<u> </u>		
(14) STEVE SOULE	4.00	v						12,885.	0.	0.	
PAST VICE PRES.	10.00	<u>X</u>					-	12,005.	0.		
(15) WILLIAM J. O'NEIL PRESIDENT	10.00	1		Х				14,134.	0.	0.	
(16) DAVID DUHAMEL	5.00	\vdash	\vdash	^				14/124			
	3.00	1		х				4,089.	0.	0.	
VICE PRESIDENT	10.00		\vdash	A				1,005.			
(17) KELLY TOROSIAN PAST BENEFITS COORD.	10.00			х				1,915.	o.	0.	
PAST BENEFITS COORD.		i						+//1/		Form 990 (2013)	

(A) Name and title	(B) Average	,,,		(C Posi	ition	1		(D) Reportable	(E) Reportable	_		
Name and title	_	1								le Estimat		۵d
	hours per			heck r ss per		than		compensation	compensation		mount	
	week	offi		d a di				from	from related		other	
	(list any	director						the	organizations		npens	
	hours for related	5	器			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from tr ganıza	-
	organizations	Tasta Tasta	l tus		82	mbeu		(44-2/1099-141130)		1	nd rela	
	below	Individual trustee	Institutional trustee	5	Кеу етріоуее	est co loyee	<u>تو</u>			org	ganızat	lons
	line)	ā	ig i	Officer	Key	Highest compensated employee	퉏					
18) GLENN BRACKETT	40.00							140 221	0			۸
BUSINESS MANAGER	40.00	├—	_			Х		140,321.	0 .	'	_	0.
19) DAVID K. O'CONNOR	40.00	}						127,374.	0.			0.
BUSINESS AGENT (20) LORRAINE BLEAU	40.00	-	-			-		12//3/44		' 	•	<u> </u>
PINANCIAL SEC./OFFICE MGR	40.00							46,408.	0 .			0.
(21) JAMES DENNETT	1.00	_										
PAST E BOARD UNIT 8								190.	0 .	,		0.
22) JANENE MATHIEU	40.00											-
OFFICE MGR								65,777.	0.			0.
		-		\dashv					·			
		\vdash								+		
		ĺ										
		_							 •			
		<u> </u>										
1b Sub-total							>	539,306.	0.			0.
c Total from continuation sheets to Pa	art VII, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	539,306.	0 .	· !		0.
2 Total number of individuals (including		ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100	,000 of reportable			2
compensation from the organization											Yes	No
3 Did the organization list any former of	ficer, director, or tru	ıste	e, ke	y em	olgr	yee,	or l	highest compensated er	nployee on		1	
line 1a? If "Yes," complete Schedule J			•	•		•			•	3		Х
4 For any individual listed on line 1a, is t	he sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	" "		
and related organizations greater than										4	ļ	Х
5 Did any person listed on line 1a receive							elate	ed organization or individual	dual for services			.,
rendered to the organization? If "Yes,"	' complete Schedul	e J f	or su	ich p	<u>oers</u>	on				5	ــــــــــــــــــــــــــــــــــــــ	X
Section B. Independent Contractors 1 Complete this table for your five highe	et componented inc	4000		nt o		ooto	ro +1	hat received more than	\$100,000 of company	ation	from	<u> </u>
1 Complete this table for your five highe the organization. Report compensation										sation	пош	
(A	- -	<u> </u>	<u> </u>	· <u>9</u> ··		<u> </u>	T	(B)		- (C)	
Name and busi	ness address	NC	ONE	<u> </u>				Description of se	ervices		ensatio	n
	· ·						\dashv	<u> </u>				
							+					
							\dashv					
							$\bot \bot$				•	
Total number of independent contract \$100,000 of compensation from the or	_	ot lir	nited	d to	thos C		ted	above) who received m	ore than			

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 Page 9 WORKERS LOCAL 2320 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1,152,535. b Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,104. 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ ,161,639. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue ightharpoonsTotal. Add lines 2a-2f Investment income (including dividends, interest, and 2,861. 2,861. other similar amounts) Income from investment of tax-exempt bond proceeds **>** Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 1,600. assets other than inventory b Less: cost or other basis <u>6,4</u>95 and sales expenses -4,895c Gain or (loss) -4,895.-4,895. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See 17,096 Part IV, line 18 6,612 **b** Less: direct expenses 10,484. 10,484. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b 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 **Business Code** Miscellaneous Revenue 11 a

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions

5,589.

2,861.

1,170,089.

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Form 990 (2013) WORKERS LOCAL
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				·· <u>, ··; ··, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·,</u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	405 000			
	trustees, and key employees	495,092.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	24,707.			
7	Other salaries and wages	24,707.			
8	Pension plan accruals and contributions (include	16,754.			
_	section 401(k) and 403(b) employer contributions)	10,754.			
9	Other employee benefits	42,701.			
10	Payroll taxes	42,701.			
11	Fees for services (non-employees):				
	Management	79,421.			
b	Legal	7,589.			
	Lobbying	19,250.			
e					
f	Investment management fees				· · — · – · — ·
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	275.			
13	Office expenses	4,464.			
14	Information technology	688.			
15	Royalties				
16	Occupancy	12,039.			
17	Travel	26,650.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,089.			
20	Interest	2,747.			·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,423.			
23	Insurance	14,181.			
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)				
2	amount, list line 24e expenses on Schedule 0) FEES — INTERNATIONAL AS	124,019.	· 1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	· · · · · · · · · · · · · · · · · · ·
a b	AFFILIATED DUES	85,364.			
C	COPE FUND EXPENDITURES	29,173.			
d	VEHICLE EXPENSES	14,541.	· ·		
_	All other expenses	47,416.			
25	Total functional expenses. Add lines 1 through 24e	1,083,583.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Juf following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 73,051. 56,245 1 1 Cash - non-interest-bearing 484,736. 555,416. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L. Loans and other 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 instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 355. 750. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 253,991. 105,344. 10a basis. Complete Part VI of Schedule D 165,907. 10c 148,647. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 135,227.134,064. Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 841,307. 913,091. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 -480. 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 50,428. 36,186. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 35,706. 50,428. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 770,674. 851,599. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 20,205. 25,786. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), 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 32 32 Retained earnings, endowment, accumulated income, or other funds 877,385. 913,091. 790,879. 33 33 Total net assets or fund balances 841,307. 34 Total liabilities and net assets/fund balances

	. INTERNATIONAL BROTHERHOOD OF ELECTRICAL				
	990 (2013) WORKERS LOCAL 2320	02-02	<u>80098</u>	Pag	ge 12
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 			Щ
			1 17		00
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08		
3	Revenue less expenses. Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79), <u>8</u>	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	87	7 , 3	<u>85.</u>
Par	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				بلا
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	[
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			

Form **990** (2013)

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
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 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of organization INTERNA	TIONAL BROTHERHO	OOD OF ELECT	RICAL	oyer identification number
	WORKERS	LOCAL 2320			02-0280098
Pa	art I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politi	cal campaign activities	ın Part IV. ►\$	21,023.
Pa	ert I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1				▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
	Was a correction made?		•		Yes No
Ŀ	o If "Yes." describe in Part IV.				
Pŧ	ert I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	
	Enter the amount of the filing organ				
_	exempt function activities		· ·	▶ \$	
3	Total exempt function expenditures	a. Add lines 1 and 2. Enter here	and on Form 1120-POL	· -•	
Ū	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
	Enter the names, addresses and er	nployer identification number (E			
	made payments. For each organiza				
	contributions received that were pr				ite segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Pan	(IV.	
	(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

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 WOR	KERS LOC	AL 2320	== () (0)		0280098 Page 2
Part II-A Complete if the organize (election under section		mpt under sectio	n 501(c)(3) and file	ed Form 5768	
A Check If the filing organization b		iliated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of e		•			
B Check ▶ ☐ If the filing organization of	hecked box A a	nd "limited control" pro	ovisions apply.		
Limits on (The term "expenditure	Lobbying Expe)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)	į		
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad-	d lines 1c and 1c	d)			
f_Lobbying nontaxable amount. Enter the			h columns.		
If the amount on line 1e, column (a) or (b) i	1	bying nontaxable am	. 11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100.00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,				
	1 4.,				
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a If zero or le			Ĭ		
i Subtract line 1f from line 1c. If zero or le	_	•			
i If there is an amount other than zero on	•	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?		mio ii, ale ale elgania			Yes No
		eraging Period Under	Section 501(h)		
(Some organization column	s that made a s	section 501(h) election	n do not have to comp es 2a through 2f on pa	lete all of the five ge 4.)	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))				<u> </u>	
c Total lobbying expenditures	_				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))				·	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 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)).

(á	a)	(b)		
Yes	No	Amo	ount	
			···· ····	
X				
	X			
ion 501(c)	(5), or se	ection		
		Yes	No	
	1		X	
	2		X	
	3		X	
d "No," Ol	R (b) Par	t III-A, lir	ne 3, is	
	1	1,117	7,792.	
tical				
	2a			
	2b			
	2c			
	3			
cess				
political				
	4			
	5			
ıp lıst); Part I	l-A, line 2, a	nd Part II-B	l, line 1.	
			· · · · · · · · · · · · · · · · · · ·	
S				
S	·- ·-			
	E FUND	• "		
	E FUND	• "		
			·	
E "COPI	ION FU	NDS OF	· ·	
E "COPI	ION FU	NDS OF	F	
- it	X X tion 501(c) tion 501(c) tical	X X tion 501(c)(5), or set 1 2 3 tion 501(c)(5), or set d "No," OR (b) Par tical 2a 2b 2c 3 xcess d political 4 5	Yes No Amo X X X X Ition 501(c)(5), or section Yes 1 2 3 Ition 501(c)(5), or section d "No," OR (b) Part III-A, lire 1 1,117 Itical 2a 2b 2c 3 xcess d political 4	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 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

Par	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Inc.		s or Accounts. Complete if the
	organization answered Tes 10 Form 330, Fair 14, inter-	(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		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	TII Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified 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.		pour q
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da.	conservation easements.	f Art Historical Transuras or C	ther Similar Assets
Pal	Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form		Aller Sillinai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
10	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
h	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		gg
	(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	asures, or other similar assets for financia	
~	the following amounts required to be reported under SFAS 1		g, p
_	Revenues included in Form 990, Part VIII, line 1	To vice soo, rolating to those terms.	> \$
a	Assets included in Form 990, Part X		► \$ ► \$
D	ASSELS INCIDUED IN FUITH 330, FAILA		· ·

		LOCAL 232							80098	Page 2
Pai	t III Organizations Maintaining C								-	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	ignificant	use of its	collection i	tems
	(check all that apply):									
a	Public exhibition	(, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations								_	
4	Provide a description of the organization's co	ollections and expla	in how t	hev further t	he organizat	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
•	to be sold to raise funds rather than to be ma				-				Yes	No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 990). Part IV.		
L	reported an amount on Form 990, Pa	-	0.0 .,	o gameano	.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12	Is the organization an agent, trustee, custod		diany for	contribution	e or other as	eets not	uncluded		_	
ıa		ian or other intermed	ulary loi	Continuation	is or other as	35613 1101	included	<u> </u>	Yes	☐ No
	on Form 990, Part X?		۔ میں دمالہ	Anhin					163	
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table:			[A	
	_								Amount	
С	Beginning balance						1c	· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
2a	Did the organization include an amount on Fe							<u> </u>	_ Yes	No No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Pa	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line	10.		 	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		l							
f	Administrative expenses								1	
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balance	ce (line 1	a. column (a	a)) held as:					
а	Board designated or quasi-endowment	,	%	3 , (-	,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for t	he organi	zation		
ou	by:	oolon or the organiz		at at 5 11010 a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	viga		Y	es No
	(i) unrelated organizations								3a(i)	110
									3a(ii)	
L		a listed as required a	on Sahai	dulo B2					3ь	
	If "Yes" to 3a(ii), are the related organizations								00	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	jurias.						
Pai) Don't IV	/ line 11n C	aa Farm 000	Dort V	lino 10			
	Complete if the organization answere				-				(a) D = -1	
	Description of property	(a) Cost or o			or other		ccumulate		(d) Book v	alue
		basis (investi	nent)	Dasis	(other)	ae	preciation	· · · · · · · · · · · · · · · · · · ·		
1a	Land			1-	EFAC		<u> </u>	40	0.0	607
b	Buildings			15	5,546.		65,8	49.	89,	697.
С	Leasehold improvements			_			1.0 -			<u> </u>
d	Equipment			6	7,135.		16,5			615.
	Other	L			1,310.		22,9			335.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	0(c).)			D	148	647.

Schedule D (Form 990) 2013 WORKERS LOC	AL 2320		02-0280098 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	22,686.	Cost	
(3) Other			
(A) CERTIFICATE OF DEPOSIT	112,541.	Cost	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	105 007		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	135,227.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13. (c) Method of valuation: Cost	ar and of year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost	or end-or-year market value
(1)			
(2)			
(3)			
(4)	<u> </u>		
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7) (8)			<u> </u>
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			······································
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)		·	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	4. F 000 Dart IV line 1	11 au 116 Can Farm 000 Bort V II	ino OE
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	ine 25.
•• • • • • • • • • • • • • • • • • • • •		DOOR VAICE	
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Schedule D (Form 990) 2013 WORKERS LOCAL 2320	02-03	280098 Page 4
Part XI Reconciliation of Revenue per Audited Financia	I Statements With Revenue per Return.	
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a	
1 Total revenue, gains, and other support per audited financial statement	nts 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities	_2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	<u>2e</u>	
3 Subtract line 2e from line 1	3	
4 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	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c 5	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II. Part XII Reconciliation of Expenses per Audited Financi	710 TE /	<u> </u>
Complete if the organization answered "Yes" to Form 990, Part		•
	1	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	· · · · ·	
	2a	
	2b	
b Prior year adjustmentsc Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.) 5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove		, 2, 1 (1171)
Part X, Line 2:		
The Local Union does not have any unce	rtain tax positions	
under FIN 48 for the latest fiscal yea	ar end.	_

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form 990. 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. Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations h Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL 02-0280098 Page 2 Schedule G (Form 990 or 990-EZ) 2013 WORKERS LOCAL 2320 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 (c) Other events (a) Event #1 (d) Total events None GOLF BOWLING (add col. (a) through TOURNAMENT TOURNAMENT col. (c)) (event type) (event type) (total number) Revenue 17,096. 3,915. 13,181. Gross receipts 0. 2 Less: Contributions 17,096. 3,915. 13,181. Gross income (line 1 minus line 2) 1,003. 1,003. Cash prizes 977. 977. Noncash prizes Direct Expenses 2,688. 2,688. Rent/facility costs 1,458. 1,458. 7 Food and beverages Entertainment 486. 486. 0. Other direct expenses 6,612. 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,484. Net income summary. Subtract line 10 from line 3, column (d) 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor Nο Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? _ Yes 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:

02-0280098 Schedule G (Form 990 or 990-EZ) 2013 WORKERS LOCAL 2320 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: 13a a The organization's facility 13b **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 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: Address > 16 Gaming manager information: 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 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 > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, Part IV 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions).

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Schedulo G	: /Form 000 or 000	.E7\	INTERNA' WORKERS	TIONAL	BROTHERHOOD	OF	ELECTRICAL	02-0280098	Page 4
Part IV	(Form 990 or 990- Supplementa	al Inforr	mation (contro	nued)					. ugu
	Oupplement	21 1111011	Traction (contain	1000)				 <u></u>	
						•	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2013	Open to Public	Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL 2320

Name of the organization

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance

Part

Employer identification number 02-0280098

-	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	[
	criteria used to award the grants or assistance?	X Yes No
N	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
8	Part II 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	21. for any

(h) Purpose of grant or assistance (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable (P) EIN 1 (a) Name and address of organization or government

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

Page 2

02-0280098

WORKERS LOCAL 2320

Schedule | (Form 990) (2013) 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
\$2,000 CASH FOR STUDENT SCHOLARSHIP TO BRANDON LEMAY OF MANCHESTER, NH	0	0.	0.		
		•	,		
MILOT OF MANCHESTER, NH	0	0.	0		
\$2,000 CASH FOR STUDENT SCHOLARSHIP TO STEPHEN LANG OF MANCHESTER, NH	0	.0	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	equired in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information.	
ı					
			3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. 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)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ See separate instructions.

OMB No 1545-0047	2013	Open to Public Inspection
_		

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Employer identification number 02-0280098

Direct controlling

entity

18,338

000

ď

New Hampshire

COMMERCIAL PROPERTY RENTAL

03102

46 THIRD STREET MANCHESTER, NH

End-of-year assets <u>e</u> Total income ত্র Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity 9 2320 WORKERS LOCAL Name, address, and EIN (if applicable) Inc. - 02-0305632 of disregarded entity 46 Third Street Part

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

	(6)	512(D)(13) trolled	tuty?	No						_
	Č	Section	e	Yes						
	(4)	Direct controlling	entity							
	(e)	Public charity	status (if section	501(c)(3))						
	l	۵								
	(9)	Legal domicile (state or	foreign country)							
	(q)	Primary activity								
טופשוויבשוטוט סטוווים ווכ ושא זכשי	(a)	Name, address, and EIN	of related organization							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Schedule R (Form 990) 2013 WORKERS LOCAL 2320

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

Page 2

02-0280098

S	General or Percentage managing ownership partner?												e related	
9	eneral or lanaging lartner?	Yes No											or mot	
8	Code V-UBI Gramount in box Im	K-1 (Form 1065) Y					_						tion or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related it.	_
Œ	Disproportionate allocations?	Yes No											IV, line 34	
(6)	Share of Dend-of-year			•							-		on Form 990, Part	!
£	Share of total income												ո answered "Yes" ։	,
(e)	Predominant income (related, unrelated,	ctions 512-514)											e if the organizatior	1
		Sec				_			 			_	mplet	;
Ð	Direct controlling entity												ration or Trust Co	
<u> </u>	Legal domicile (state or	foreign country)		-							•		is a Corpo g the tax y	
Q)	Primary activity												ganizations Taxable a rporation or trust durin	
(a)	Name, address, and EIN of related organization												Part ty Identification of Related Organizations Taxable as a Corporat organizations treated as a corporation or trust during the tax year	

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

02-0280098

Schedule R (Form 990) 2013 WORKERS LOCAL 2320

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II (ii) or IV of this schedule				_	Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	ated organizations listed I	n Parts II-IV?		-	
a Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)	,			1	_	
c Gift, grant, or capital contribution from related organization(s)				10	_	
d Loans or loan guarantees to or for related organization(s)				19		
e Loans or loan guarantees by related organization(s)				1 e		
				;		
 Dividends from related organization(s) 				F	1	
g Sale of assets to related organization(s)				19		
h Purchase of assets from related organization(s)				ŧ	_	
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				į		
k Lease of facilities, equipment, or other assets from related organization(s)				*		
1 Performance of services or membership or fundraising solicitations for related organization(s)	nzation(s)			1		
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			1n		
o Sharing of paid employees with related organization(s)				10		
				9	+	
 Reimbursement paid by related organization(s) for expenses 				19	+	
					11111	
 Other transfer of cash or property to related organization(s) 				-	+	
s Other transfer of cash or property from related organization(s)				18		
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.	ho must complete th	is line, including covered i	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
11						
(2)				ļ		
6						
(4)						
(6) 332163 09-12-13			Schedule R (Form 990) 2013	4 (Form (990) 2	1013

02-0280098

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 2320

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

that was not a related organization, see instructions regarding exclusion for certain investment partities inps	irructions regarding exclus	Sion for certain inve	sament parmers mbs.	-			1	ę	5	15
(a)	(Q)	(၁)	©		E	(6) (7)	Ξ	3	3	X
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partners sec (related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership	General or managing	Percentage ownership
,		country)	under section 512-514) Ye	oN se	Income	assets	Yes No	(Form 1065)	Yes No	
			•							
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Schedule R (Form 990) 2013

INTERNATIONAL BROTHERHOOD OF ELECTRICAL	00 000000	
Schedule R (Form 990) 2013 WORKERS LOCAL 2320 Part VII Supplemental Information	02-0280098	Page 5
Provide additional information for responses to questions on Schedule R (see instructions).		
Part I, Identification of Disregarded Entities:		
rait 1, identification of Dislegarded Entities.		
Name, Address, and EIN of Disregarded Entity:		
46 Third Street, Inc.		
46 Third Street, Inc.		
EIN: 02-0305632		
46 THIRD STREET		
MANCHESTER, NH 03102		
MANCHESTER, NH 03102		
Primary Activity: COMMERCIAL PROPERTY RENTAL		
Direct Controlling Entity:		
		<u>-</u>
		
		· · ·
		-
		
		· -

Depreciation and Amortization (Including Information on Listed Property)

990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

23

Name(s) shown on return			Busine	ess or activity to w	thich this form relate	s	Identifying number
INTERNATIONAL BROTHERE	OOD OF E	LECTRIC					
WORKERS LOCAL 2320				m 990 I			02-0280098
Part Election To Expense Certain Proper	ty Under Section 17	9 Note: If you	have any lis	ited property,	complete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property place	ed in service (see	instructions)				2	0.000.000
3 Threshold cost of section 179 property	before reduction	ın lımıtatıon				3	2,000,000.
4 Reduction in limitation. Subtract line 3 f	rom line 2 If zero	or less, enter	-0-			4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter-	-0- If marned filing	separately, see	e instructions		5	
6 (a) Description of pro	perty		(b) Cost (busin	ess use only)	(c) Elected	cost	
				_			
			_				
7 Listed property. Enter the amount from				7			
8 Total elected cost of section 179 prope		ın column (c)	, lines 6 and	7		8	
9 Tentative deduction. Enter the smaller						9	
10 Carryover of disallowed deduction from						10	<u> </u>
11 Business income limitation. Enter the sr						11	
12 Section 179 expense deduction. Add lir				~ 1 1		12	
13 Carryover of disallowed deduction to 20				▶ 13			<u> </u>
Note: Do not use Part II or Part III below for					ands: 1		
Part II Special Depreciation Allowa							
14 Special depreciation allowance for qual	ified property (oth	er than listed	property) pi	aced in service	ce auring	44	
the tax year						14	 -
15 Property subject to section 168(f)(1) ele	15 16	2,928.					
Part III MACRS Depreciation (Do no	10	2/320.					
Part HE MACKS Depreciation (Do no	t include listed pr		tion A	•)			
17 MACRS deductions for assets placed in	n nomino in toy vo		 	2		17	3,520.
18 If you are electing to group any assets placed in serv					▶□	ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا 	
Section B - Assets						ation Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/invonly - see in	depreciation estment use	(d) Recovery period		(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property	1 1						
c 7-year property	1	-					
d 10-year property	1 1						
e 15-year property	1						
f 20-year property	1						
g 25-year property	1			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	
 Nonresidential real property 	/				MM	S/L	
Section C - Assets P	laced in Service	During 2013	Tax Year U	sing the Alte	rnative Depre	ciation Sys	tem
20a Class life						S/L	
b 12-year	7			12 yrs.		S/L	
c 40-year	/			40 yrs	MM	S/L	
Part IV Summary (See Instructions)							
21 Listed property. Enter amount from line	28					21	11,975.
22 Total. Add amounts from line 12, lines		es 19 and 20	ın column (g)), and line 21	•		
Enter here and on the appropriate lines						22	18,423.
23 For assets shown above and placed in							

portion of the basis attributable to section 263A costs

Form 4562 (20	13)	WOR	KERS L	OCAL.	<u>2320</u>	<u> </u>						02	<u> -0280</u>	098	Page 2	
		ty (include a	utomobiles, c	ertaın ot	her vehic	cles, ce	rtain cor	nputers	s, and pro	perty us	ed for e	ntertain	ment, rec	reation,	or	
	nusement.) ote: <i>For any</i>	vehicle for w	hich you are i	ısına the	standar	d milea	ge rate d	or dedu	ctina lease	expen	se. com	olete o	ntv24a. 2	4b. colu	mns (a)	
th	rough (c) of	Section A, al	of Section B	and Se	ction C if	applic	able									
	Section A	- Depreciati	on and Othe	Inform	ation (Ca	aution:	See the	instruc	tions for li	mits for	passeng	ger auto	mobiles.)			
24a Do you have	e evidence to	support the bu	ısıness/investm	ent use c	laimed?	X	Yes 🗌	No	24b If "Y	es," is t	he evide	nce wr	ıtten? X	Yes [No	
(a)		(b)	(c)	1	(d)		(e)		(f)		(g)		(h)		(i)	
Type of pr	operty	Date placed in	Business		Cost or		asis for dep usiness/inv		Recovery		ethod/		reciation		ected on 179	
(list vehicle	s first)	service	use percenta		ther basis	"	use on		period	Con	vention	de	duction		ost	
25 Special dep	reciation all	owance for c	ualified listed	propert	v placed	In serv	ice durin	a the t	ax vear an	d						
•			ousiness use	je i e je e i i	, ,				 ,	_	25	i		1		
26 Property us				ess use	:									<u> </u>		
zo i toporty de	111010 1110	1	Journey Susin	%	<u>.</u>			-	1			Τ		Γ		
		-		%								+-		 		
Statemen	1+ 1	 		%								11	,975.			
			ifinal business						l	<u> </u>		1 4 4	, , , , , ,	L		
27 Property us	ea 50% or i	ess in a quai	Tied business						T					F		
		- 	ļ. 	%					 	S/L·		 				
		 		%						S/L·		<u> </u>				
		<u> </u>	L	<u>% </u>					L	S/L·		1 1 1	075			
28 Add amoun	its in column	ı (h), lines 25	through 27.	Enter her	e and on	line 2	1, page 1	ŀ			28	<u> </u>	, 975.	<u> </u>		
29 Add amoun	ts in column	ı (ı), lıne 26 E	<u>nter here and</u>	on line	7, page	1							29	<u> </u>		
				Section	B - Infor	matior	n on Use	of Ver	nicles							
Complete this s	ection for ve	ehicles used	by a sole pro	orietor, p	artner, o	r other	"more th	nan 5%	owner," o	or relate	d persor	n. If you	provided	l vehicle	s	
to your employe	es, first ans	wer the que	stions in Sect	on C to	see If you	u meet	an exce	ption to	complet	ng this :	section f	or thos	e vehicles	3.		
											_		_			
				((a)	(b)			(c)		(d)		(e)	(f)	
30 Total busines	s/investment	miles driven d	uring the	Vei	hicle	Vehicle		v	'ehicle	Ve	hicle	l ve	Vehicle		Vehicle	
		muting miles)	·													
31 Total comm		• .	the vear													
32 Total other	_	-	•													
driven	personal (ne)) TIMES													
33 Total miles	druce durie	a tha waar						+						_		
		• •		-								1				
Add lines 3	•		-1	V		V	NI-			V	T No.	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			1	
34 Was the ve		ne for person	al use	_ Yes	No	_Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	
during off-d	•				 		 	+	-		 		_	ļ	 	
35 Was the ve	•		more		1										İ	
than 5% ov		•		ļ	ļ			+			-	 				
36 Is another v	ehicle availa	able for perso	onal		,		ļ		1			l			j	
use?				<u> </u>			<u> </u>			<u> </u>	<u> </u>	<u> </u>		<u> </u>	L	
		Section C	- Questions	for Emp	loyers W	/ho Pro	ovide Ve	hicles	for Use by	/ Their	Employe	ees				
Answer these q	uestions to	determine if	you meet an	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	are not m	ore thar	า 5%	
owners or relate	ed persons.					_								_		
37 Do you mail	ntain a writte	en policy stat	tement that p	rohibits a	all persor	nal use	of vehic	les, ıncl	luding con	nmuting	, by you	r		Yes	No	
employees	?															
38 Do you mai	ntain a writte	en policy stat	tement that p	rohibits p	personal	use of	vehicles	, ехсер	t commuti	ng, by y	our					
employees	See the ins	structions for	vehicles use	d by corp	orate of	ficers,	directors	, or 1%	or more	owners						
39 Do you trea	t all use of v	ehicles by er	mployees as i	personal	use?											
40 Do you prov		-				nforma	ition fron	n vour e	emplovees	about						
• •			e information					, ,	,,							
41 Do you mee	•					monstr	ation use	- ?								
-	•		0, o <u>r 41</u> is "Ye						overed ve	hicles					l	
	ortization	37, 38, 39, 4	0, 01 41 15 16	55, QU 11	or compr	ere ser	JUDIT LI TO	JI LITE C	Overed ve	ricies						
Laif Ai Vill	(a)			(b)	Γ	(c)			(d)		(e)			(f)		
	Description o	f costs	Date	amortization		Amortiza	ble		Code		Amortiza		An	nortization r this year		
40 A		ad basses 1		begins	<u> </u>	amour			section		period or per	centage	10	r mis year		
42 Amortization	n of costs th	iat begins du	ring your 201	υ ταχ yea	ar:							F	_			
					-											
					<u> </u>								_			
43 Amortization		-										43				
44 Total. Add	amounts in c	column (f) Se	ee the instruc	tions for	where to	report						44				

Form 4562,	Part V	Listed	Property	y Informa	tion-More	Than 5	0% Statement 1
(a) Description	(b) Date		(d) Cost			(g) th/Cv	(h) (i) 179 Deduction Elected
(j) (k) Auto Tota No Miles	l Busin	ess Cor	(m) nmuting I Miles	Personal	(o) Was Veh. Avail.? Y N	Owner?	(q) Another Veh. Available? Y N
2007 FORD 500 - DARK GREY	11/07/06	100.00	25,578	25,578	. 5.00 SL	-нү	1,775.
2012 FORD	08/06/12	100.00	37,210	. 37,210	. 5.00 SL	-НҮ	5,100.
2013 FORD ESCAPE	08/06/12	100.00	29,925	. 29,925	. 5.00 SL	-нү	5,100.
Total to Fo	rm 4562,	Part V,	Line 26				11,975.