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Form 990

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

<u> </u>	For the	2014 calen	dar year, or tax year beginning , 2014, and ending				•
В	Check if a	applicable	C Name of organization IBEW LOCAL UNION NO. 596		D Emplo	yer iden	tification number
	Add	ress change	Doing business as		55-	0341	809
	Nan	ne change	Number and street (or P.O. box if mail is not delivered to street address) Room/sur	te	E Teleph		
	\vdash	at return	1001 NORTH 12TH STREET	ł	/30	11 6	22-0151
	\vdash	return/lerminated	City or town, state or province, country, and ZIP or foreign postal code	1	(30	4) 0	22-0131
	F-4	ended return			^ -		£ . 200 or 0
	H		CLARKSBURG WV 26301 F Name and address of pnncipal officer H	(a) İsthesa			\$1,389,858.
	[]App	lication pending	1				
			RICK LAWSON 1001 NORTH 12TH ST CLARKSBURG WV 26301	(b) Arealls lf'No,'a	ubordinates ttach a list. (see inst	i? Yes No ructions)
<u></u>		xempt status	501(c)(3) X 501(c) (5) (insert no) 4947(a)(1) or 527				
<u>J</u>	Web	site: ► N/		(c) Group e	xemption nu	mber P	-
K	Form o	of organization	X Corporation Trust Association Other ► L Year of formation	1990	M:	State of I	egal domicile WV
Pa	rtela.	Summar	у				
	1 E	Briefly describ	pe the organization's mission or most significant activities: COLLECTION	N OF I	OUES T	O PF	OMOTE BETTER
a)	Ţ	WORK ENV	IRONMENTS AND ADEQUATE PAY				
Activities & Governance	_						
Ë	_						
ð		Check this bo		n 25% of	its net a	ssets.	
9	3 1	lumber of vo	ting members of the governing body (Part VI, line 1a)			3	5
S	4 1	Number of inc	dependent voting members of the governing body (Part VI, line 1b)			4	5
ij	5 7	Total number	of individuals employed in calendar year 2014 (Part V, line 2a)			5	21
뜷			of volunteers (estimate if necessary)			6	0
⋖			d business revenue from Part VIII, column (C), line 12			7a	0.
\blacksquare	D L	vet unrelated	business taxable income from Form 990-T, line 34			7b	0.
				Pr	ior Year		Current Year
e,			and grants (Part VIII, line 1h) RECEIVED				
Ē		-	ice revenue (Part VIII, line 2g)	1	,109,8		1,335,209.
Revenue			come (Part VIII, column (A), lines 3, 4 and 7d)		18,5		23,435.
-			9 (Part VIII, column (A), lines 5, 6d, 8c (9c, 10c) and 12e) 2015.		79,9		31,214.
	12 T	otal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,	,208,3	357.	1,389,858.
	13 (Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		32,0)51.	36,950.
	17 2	ochenia paid	to or for members (Farcix, Column (A), into 4)				
ø	15 S	Salaries, othe	615,2	00.	488,453.		
- BE	16a F	Professional f	undraising fees (Part IX, column (A), line 11e)				
Expenses	ьт	otal fundrais	ing expenses (Part IX, column (D), line 25) ►		18 To 18	400	17 31 1
மி			es (Part IX, column (A), lines 11a-11d, 11f-24e)	- · · · · · · · · ·			100.044
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		398,2		496,844.
				L,	,045,5		1,022,247.
- 6	19 1	revenue less	expenses. Subtract line 18 from line 12		162,8		367,611.
ets of lances	20 T	<i>(</i>	Dark V. Ivan 40)		of Curre		End of Year
Bala			Part X, line 16)	2	,020,8		2,388,517.
N. S. C.					19,9		19,417.
			fund balances. Subtract line 21 from line 20	2	<u>,000,9</u>	31.	2,369,100.
Pa	rt.ll m	Signatur	e Block				
Unde	r penaltie:	s of perjury, I dec	stare that I have examined this return, including accompanying schedules and statements, and to the best of er (other than officer) is based on all information of which preparer has any knowledge.	of my knowle	dge and be	ief, rt is t	rue, correct, and
	ioto Deci		a touter than once it is based on all billormation of which preparer riss any knowledge.				
		450	ek K. dausen			.14	-3012
Sig		Signatui	re of officer	Date	ė		
He	re	► Ric	K. R. Lawson, tresident				
		Type or	print name and title				
		Print/Type pr	reparer's name Preparer's signature Pate		Check	Χır	PTIN
Pai	id	JENNIE	FER BARILL, CPA TENNY CET OF CO 12/1	5	self-employ:	ed ed	234-27-8195
	parer	<u> </u>	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				<u></u>
	e Only				Firm's EIN	•	
			PITTSBURGH PA 15206				1) 006-6224
Mar	the ID	S discuss this	s return with the preparer shown above? (see instructions)		Phone no.	(30	
						• • •	. X Yes No
BA	4 POFF	-aperwork R	deduction Act Notice, see the separate Instructions.	0101 05/28	/14		Form 990 (2014)

			IBEW LOCAL						55-03	41809	P	age 2
Par	t III -		ement of Progra		•					-		
		Check	cif Schedule O conta	ins a response	or note to	any line in this Part	III					<u>. </u>
1	Briefly	descri	be the organization's	mission								
			ON OF DUES T			R						
	WORK	K_EN	/IRONMENTS_AN	D ADEQUA	<u>TE PAY</u>							
		_	nization undertake an		_			-			<u></u>	
			990-EZ?			• • • • • • • • •	· · · · · · ·			· Yes	X	No
		-	ribe these new servic			L			^	П v		N1 -
		_	nization cease condu	-	signilicant c	nanges in now it co	naucts, any p	orogram services		· Yes	X	No
			ribe these changes of			to for each of the the				.d b., a.a.a.		
4	Section and re	n 501(d venue,	organization's progra c)(3) and 501(c)(4) or if any, for each prog	rganizations ar ram service re	e required to ported.	report the amount	of grants and	d allocations to ot	thers, the to	otal expense	95,	
			1									
4 a	(Code) (Expenses	\$		including grants of	\$) (R	levenue	\$)
	N/A											
											- 	
						- 						
4 h	(Code) (Expenses	<u> </u>		including grants of	\$) (R	Povoniso	\$		١
45	(Coue	•) (Expenses	¥		including grants of	Υ		CVCIIUC	Υ		·'
							-					
												
4 c	(Code	:) (Expenses	\$		including grants of	\$) (F	Revenue	\$)
4 d			m services. (Describe									
	(Expe		\$	ınclu	ding grants	of \$) (Revenue \$				
10	Total	nroorar	292090YA 93IVJ92 M	•								

BAA

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 (see instructions)?	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		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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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.	25.54		
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	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	11 b		х
(c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VIII	11 c		Х
	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	11 d		х
6	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e		Х
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	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
ŀ	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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		х
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		х
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		х
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 (see instructions)	17		х
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		х
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
j	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals 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		х
24 a	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		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
c	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
t	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		
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 'Yes', complete Schedule L, Part II	26		Х
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	مسدسه	X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	-,
DAA		_	000 10	

Form	1990 (2014) IBEW LOCAL UNION NO. 596 55-034180	9	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			$\cdot \square$
<u> </u>			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٦	٠.	
E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		ļ
2 a	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			
	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3.0	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	~_~~	X
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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		Х
C	o If 'Yes,' enter the name of the foreign country:			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	5 a		×
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c		<u> </u>
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	36		
6 a	a 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?	6 a		х
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
	Organizations that may receive deductible contributions under section 170(c).	G. ""	1.1	
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7 a		
	services provided to the payor?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 с	, .	ļ <u></u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		-
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			*****
	organization have excess business holdings at any time during the year?	8		ļ. —
9	Sponsoring organizations maintaining donor advised funds.		·	ļ
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	2		
	6 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	·. ´	÷
11		}'	١	
	a 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.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		ļ
ŧ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	,] .	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<i>!</i>	
á	a Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O.			
ı	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			

14a Did the organization receive any payments for indoor tanning services during the tax year? . .

Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	'n		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management	········		
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		,	, ,
t	Enter the number of voting members included in line 1a, above, who are independent 1b		•	1
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		х
4	Did the organization make any significant changes to its governing documents			
	since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
7 a	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?	7 a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7 b		х
_		, 75	7 -	- · ·)
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	_ <u>X</u>	<u> </u>
t	Each committee with authority to act on behalf of the governing body?	86	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	of '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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1 7
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	420		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a	X	
c	to conflicts?	12b	Х	
	Schedule O how this was done	12 c		<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	
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	-,	1 ,	- 3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			5
	The organization's CEO, Executive Director, or top management official	15 a	X	<u> </u>
t	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			,
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	X
t	of '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	·	
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed >			
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) for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e to		
	the public duning the tax year.	10		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CATHY TRICASE 1001 N. 12TH ST CLARKSBURG WV 26301 (3	04)	622-	0151

Form 990 (2014) IBEW LOCAL UNION NO. 59	16								55-034180		
Part VII Compensation of Officers, Director Independent Contractors	s, Tru	stee	es, I	Key	y E	mpl	oye	es, Highest C	ompensated En	nployees, and	
Check if Schedule O contains a response or no	nte to an	v line	e io f	hıs f	Part	VII .				П	
Section A. Officers, Directors, Trustees, Key											
1 a Complete this table for all persons required to be listed organization's tax year.	Report o	qmo	ensa	ation	for	the c	aler	ndar year ending w	th or within the		
 List all of the organization's current officers, directors compensation. Enter -0- in columns (D), (E), and (F) if no columns 						duals	or o	organizations), reg	ardless of amount of		
• 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 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 trus organization, more than \$10,000 of reportable compensation 											
List persons in the following order individual trustees or dire employees; and former such persons	List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated										
Check this box if neither the organization nor any relate	d organi	zatio	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee.		
				(C)							
(A) Name and Title	(B) Average hours	rage is both an officer a			perso		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other		
	per week (list any nours for related organiza- tions below dotted	or director	Institutional trustee	Officer	Key employed	Highest compensated amployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
	(tne)	L"	8			ê	_				
(1) RICK LAWSON	6.00			х					_		
PRESIDENT	6.00	 		<u> </u>	-	├	┢	0.	0.	0.	
VICE-PRESIDENT	0.00	l		х				0.	0	0.	
(3) DAVID FRIEND	6.00				\vdash	 	\vdash	· .	0.	<u> </u>	
TREASURER				Х				0.	0.	0.	
(4) BRYCE REYNOLDS	6.00				Π						
RECORDING SECRETARY		<u> </u>	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(5) SHANE FERGUSON	40.00			١,,					_	_	
FIN. SEC./BUS. MANG	├	-	-	X	\vdash	-	┡	104,110.	0.	0.	
_(6)			 								
_(7)											
				<u> </u>							
(9)											
(10)	1		Γ								
(11)	1	†		 		T	\vdash				

(12)

(13)

Page 8

<u> </u>	(B)			(0	2)					
(A) Name and title	Average hours per week	box	, unte	heck ss pe nd a c	rson i irrecto	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tons below dotted ine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										, , , , , , , , , , , , , , , , , , ,
(20)										
(21)										
(22)										
(23)					-					
(24)										
(25)										
1 b Sub-total							>	104,110.	0.	0.
d Total (add lines 1b and 1c)							ivo	104,110.	0.	0.
from the organization 1								a more man proo,		Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind		-			/ee,	or hig	ghes	st compensated en	nployee	3 X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater the	rtable co an \$150,	mpe 000?	nsat If 'Y	tion ′es′	and com	othe plete	r col	mpensation from hedule J for		4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co.										
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization. Report compensation.	d indepe sation fo	nden r the	t co cale	ntra: enda	ctors r ye:	that ar en	rec ding	eived more than \$ with or within the	100,000 of organization's tax y	ear.
(A) Name and business addres	is							(B Description of		(C) Compensation
2 Total number of independent contractors (including b	ut not lin	nited	to th	nose	liste	ed ab	ove) who received mo	re than	
\$100,000 of compensation from the organization	•	TEFA	1100	0E P	011.4	<u>-</u>				Form 990 (2014)
DAA		TEEA	801 u	U 3/2	6/14					COM 990 (2014)

·		Check if Schedule O co		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
Ifts, Grants ir Amounts	b	Federated campaigns . Membership dues Fundraising events Related organizations .	1b				,	
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributed All other contributions, gifts, grainular amounts not included a	ons) 1 e ants, and bove 1 f		,		, 1	,
Sont and C	_	Noncash contributions include: Total. Add lines 1a-1f .						
9				Business Code				
Reven	2a b	ASSESSMENTS		900099 900099	1,176,580. 158,629.	1,176,580. 158,629.	0.	0.
Program Service Revenue	c d e			3000,73	1301 023.			
Progl		All other program service Total. Add lines 2a-2f		. , ,	1,335,209.	٠,٠		
	3	Investment income (incluother similar amounts).	iding dividends,	interest and	23,435.	23,435.	0.	0.
	4 5	Income from investment Royalties						
	_	_	(i) Real	(ii) Personal	, - , ,			
		Gross rents						
	c	Rental income or (loss)						
	d	Net rental income or (los	s)					
		Gross amount from sales of	(ı) Secunties	(ii) Other		, `,	, ,	
		assets other than inventory				, ,		
		Less: cost or other basis and sales expenses			f, , , , , , , , , , , , , , , , , , ,			
		: Gain or (loss) · · · · · · · · · · · · · · · · · ·			and the second s			
renue	8 a	Gross income from fund (not including \$ of contributions reported			-	-		
Other Rev		See Part IV, line 18		a			, b, r	
윮		Less: direct expenses . Net income or (loss) from		b ents ▶		•	سند شماست شد	·
		Gross income from gam See Part IV, line 19		а	v	, *	s*, -%- '	
		Less. direct expenses . Net income or (loss) from		b ies · · · · · · · ▶				
	10 a	a Gross sales of inventory and allowances	, less returns					****
		Less: cost of goods sold		b			ء نسننسند	
	L	Net income or (loss) from					ļ	
		Miscellaneous Reven	iue	Business Code				
	114	SALE OF LOGO S	UPPLIES	900099	780.	780.	0.	0.
		ACCOUNTING & A		900099	25,854.	25,854.	0.	0.
		OTHER	 -	900099	4,580.	4,580.	0.	0.
	•	d All other revenue					<u> </u>	¥ 3
	1	e Total. Add lines 11a-11	d	. <i>.</i> •	31,214.	2 -	<u> </u>	
	12	Total revenue. See ins	tructions			1,389,858.	0.	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).	

Check if Schedule O contains a response or note to any line in this Part IX											
Do r 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,950.									
_	individuals. See Part IV, line 22										
_	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	104,110.		,							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	235,023.									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
_		48,672.									
9	Other employee benefits	68,121.									
10	Payroll taxes	32,527.									
11	Fees for services (non-employees): Management		•								
_	Legal	4 004									
	Accounting	4,994.									
	Lobbying	13,047.									
	Professional fundraising services. See Part IV, line 17	31,071.	£,, ;								
	Investment management fees										
-	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)										
12	Advertising and promotion	28,000.									
13	Office expenses	15,208.									
14	Information technology										
15	Royalties										
16	Occupancy	30,116.									
17	Travel	22,373.									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	15,440.									
20	Interest										
21	Payments to affiliates	106,909.	- · · · · · · · · · · · · · · · · · · ·								
22	Depreciation, depletion, and amortization	20,422.									
23 24	Other expenses. Itemize expenses not	4,057.									
24	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.)		t								
a	PER CAPITA TAX	147,147.									
t	ADMINISTRATIVE	17,050.									
	TELEPHONE	7,164.									
c	EDUCATION/TRAINING	6,419.									
	All other expenses	27,427.									
25	Total functional expenses. Add lines 1 through 24e	1,022,247.									
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 [] if following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	481,698.	1	367,420.
	2	Savings and temporary cash investments	1,006,426.	2	880,597.
ľ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
				5	
	6	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₽	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		, . ·	*
	b	Less accumulated depreciation	195,384.	10 c	192,258.
	11	Investments – publicly traded securities	334,422.	11	945,776.
	12	Investments – other securities. See Part IV, line 11		12	943,110.
İ	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	····
1	15	Other assets. See Part IV, line 11	2,903.	15	2,466.
	16		2,020,833.	16	2,388,517.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	19,902.	17	19,417.
	18	Grants payable		18	
	19	Deferred revenue		19	
ļ	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	The second of the second	22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	19,902.	26	19,417.
98		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
nces	27	Unrestricted net assets	بالمستانية مستدارهم ومتحادث والمستداخية ومستداخ	27	Lander State
ᇛ	28	Temporarily restricted net assets		28	
00	29	Permanently restricted net assets		29	
Net Assets or Fund Bala	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		, ' 4,	
5	24	Capital stock or trust principal, or current funds	- Line Line		
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	<u>-</u>	30	
88	31	Retained earnings, endowment, accumulated income, or other funds	2 000 02:	31	2 2 2 2 2 2 2 2 2
7	32	Total net assets or fund balances	2,000,931.	32	2,369,100.
ž	33	Total liabilities and net assets/fund balances	2,000,931.	33	2,369,100.
	34_	Total navinies and het assets/fund palances	2,020,833.	34	2,388,517.

BAA

COIII	35- 12014) IBEW LOCAL UNION NO. 596	·U341	.809		Pag	je 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					٠П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,38	9,8	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,02		
3	Revenue less expenses. Subtract line 2 from line 1	3			7,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,00		
5	Net unrealized gains (losses) on investments	5				58.
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)).	10		2,36	9,1	<u>00.</u>
Par	Financial Statements and Reporting					
	Check If Schedule O contains a response or note to any line in this Part XII					. [X]
				•	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other			С - 13	. 1	J
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			h-		- 2 5
	in Schedule O.				4. 6	اهم
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	l.		2 . 4	13. J.	
	separate basis, consolidated basis, or both:			2		. E. F.
	Separate basis Consolidated basis Both consolidated and separate basis					
ŧ	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			1, 4, 7	爱补	
	X Separate basis Consolidated basis Both consolidated and separate basis			- 77	<u>`</u> "!	
_				<u></u>	Januari de	تمسد
•	If "Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	iit, 		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					1 - 4 - 1 1 - 4 - 1 1 - 4 - 1
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		X
k	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				Form 9	10n /2	Ω1A1

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public-

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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 (Lobbylng 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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Ay Taxy (see msa acadins), and				
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III.		Te 1 12 17	
	•			Employer Identifica	
IB	EW LOCAL UNION NO.	596 rganization is exempt under secti	on E01(a) ar is a	55-034180	9 Totion
ra	<u> </u>				Zation.
1		ganization's direct and indirect political camp.			
3	Volunteer hours				
_	rt I-B Complete if the o	rganization is exempt under secti	on 501/c)/3)		
1	Enter the amount of any excis	e tax incurred by the organization under secti	on 4955	▶ ċ	
2		e tax incurred by organization managers und			
3	-	section 4955 tax, did it file Form 4720 for this			
•					
	b If 'Yes,' describe in Part IV.		• • • • • • • • • • • •		Yes No
	** · · · · · · · · · · · · · · ·	rganization is exempt under secti	nn E04/a) avaan	4 and an E04/a\/2\	
<u>1</u>		ended by the filing organization for section 52			
	• •		•		
2		organization's funds contributed to other orga			
3	Total exempt function expendition 17b	tures. Add lines 1 and 2. Enter here and on F	form 1120-POL,		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments. amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amount is received that were promptly and directly de action committee (PAC) If additional space is	nt paid from the filing o	organization's funds. Also political organization, suc	enter the
	(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-
(1)					
(2)				·	
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

- 41 4	the organization	n is exempt under sect	ion 501(c)(3) ar	nd filed Form 5768 (election under
		gs to an affiliated group (and li	st in Part IV each aff	filiated group member's na	ıme,
L1 ~		share of excess lobbying expe		g. cap member 6 no	
	-	ed box A and 'limited control' p			
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ins amounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence publi	c opinion (grass roots lobbying)		
b Total lobbying expenditure	es to influence a leg	islative body (direct lobbying)	<i></i>		
		l 1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose exp	penditures (add lines	s1cand1d)	. <i>.</i>		
		unt from the following table in			
If the amount on line 1e, colu	ımın (a) or (b) is.	The lobbying nontaxable ar	nount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess or	rer \$500,000	* \$**-	
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess or	rer \$1,000,000	· - ,	1. Car. A.
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess over	r \$1,500,000	· ·	
Over \$17,000,000		\$1,000,000		•	
g Grassroots nontaxable ar	mount (enter 25% of	line 1f)			
j If there is an amount othe section 4911 tax for this y	er than zero on eithe	nter -0	nization file Form 47	720 reporting	Yes No
	Lobb	oying Expenditures During 4	Year Averaging Pe	eriod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable 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))		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
f Grassroots lobbying expenditures					
BAA				Schedule C (For	rm 990 or 990-EZ) 2014

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			m 57			ago o
		(a	1)		(I	o)	
	ach 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	Yes	No		Ame	ount	
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:		2 1	- 11	-		
а	Volunteers?			į .			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	.4	,	
С	Media advertisements?						
đ	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?			ĺ			
	Grants to other organizations for lobbying purposes?					-	
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?						
i	Total Add lines 1c through 1:						
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			,	- ' ,	, , , , , , , , , , , , , , , , , , ,	·······
	If 'Yes,' enter the amount of any tax incurred under section 4912						
	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	, -					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1 - 6	\$ 6	_{71.} ' /⊑.	7.
	III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				<u> </u>
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	х	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Х	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			,	_		Х
	Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5)), or :	section	on 5	01(c)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	Current year	. 	2a				
b	Carryover from last year		2 b				
c	Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see Instructions)		5				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

2014

Open to Pùblic Inspection

Name of the organization Employer identification number IBEW LOCAL UNION NO. 596 55-0341809 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2014 IBEW	LOCAL UNI	ON NO. 596		55-034	1809	Page :
Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, o	r Other Similar Ass	sets (contir	าued)
3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other records, check	any of the following that	are a significant use of it	s collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Othe	·			
c Preservation for future general	tions				_ .	
4 Provide a description of the organic Part XIII.	zation's collection	ons and explain how th	ey further the organization	n's exempt purpose in		
5 During the year, did the organizated to be sold to raise funds rather than	n to be maintain	ed as part of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangeme mount on Fo	ents. Complete if t rm 990, Part X, Iin	he organization ans e 21.	wered 'Yes' to Form	990, Part	IV,
1 a Is the organization an agent, truste on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and co	emplete the following to	able:			ب
-		•			Amount	
c Beginning balance				. 1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2 a Did the organization include an am	ount on Form 9	90, Part X, line 21, for	escrow or custodial acco	unt liability?	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII. Checi	k here if the explanation	n has been provided in F	Part XIII		
4						
Part V Endowment Funds. C	omplete if th	e organization ans	swered 'Yes' to Fom	n 990, Part IV, line 1	<u>0.</u>	
	(a) Current ye	ar (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current ye	ear end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endowr	ment -	% %				
b Permanent endowment •	· 98					
c Temporarily restricted endowment	•					
The percentages in lines 2a, 2b, a	nd 2c should eq	ual 100%.				
3 a Are there endowment funds not in organization by:	the possession	of the organization tha	t are held and administer	red for the	Yes	s No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	\neg
b If 'Yes' to 3a(ii), are the related org	anizations listed	as required on Scheo	lule R?		. 3b	
4 Describe in Part XIII the intended it		•				
Part VI Land, Buildings, and		······			· · · · · · · ·	
Complete if the organiz		red 'Yes' to Form	990, Part IV, line 11	a. See Form 990, Pa		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land	<i></i> .		26 452		່	6 152

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	•	26,452.		26,452.
b Buildings		505,267.	356,361.	148,906.
c Leasehold improvements	.[
d Equipment	•	155,331.	138,431.	16,900.
e Other	.[32,475.	32,475.	0.
Total. Add lines 1a through 1e. (Column (d) must eq.	ual Form 990, Part X, colu	mn (B), line 10c.)		192,258.

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Schedule **D** (Form 990) 2014

Schedule D (Form 990) 2014 IBEW LOCAL UNION NO. 596 55-0341809 Part VII Investments - Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) (1) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7) (8)(9) (10)Total (Column (b) must equal Form 990, Part X, column (B) line 13). . > Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3) (4)(5) (6)(7)(8) (9) (10)Other Liabilities. Complete if the organization answered 'Yes' to Form 990. Part IV, line 11e or 11f, See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	T		· · · · · · · · · · · · · · · · · · ·	
(1) Federal income taxes					
(2)		7	•		
(3)				•	
(4)			•		
(5)				•	
(6)			-	•	
(7)		,			
(8)					
(9)					
(10)					
(11)				**	,
Total (Column (b) must equal Form 990, Part X, column (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 financial statements.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	4	, cy
the state of the s	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,389,858.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	4	
d Other (Describe in Part XIII)	'	
e Add lines 2a through 2d	2 e	558.
3 Subtract line 2e from line 1	3	1,389,300.
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	l il	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,389,300.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	4	1,022,247.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,022,241.
a Donated services and use of facilities	1	
b Prior year adjustments	- 3	
c Other losses	1	
d Other (Describe in Part XIII.)	~ 2	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,022,247.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 3	1,022,247.
a Investment expenses not included on Form 990, Part VIII, line 7b	4	
b Other (Describe in Part XIII)	- 4	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,022,247.

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

SCHEDULE I (Form 990)		Gover Cower	ants and Othernments, a	nts and Other Assistance to Organizations, rnments, and Individuals in the United States If the organization answered 'Yes' to Form 990, Part IV, line 21 or 22	o Organization the United Sto orm 990, Part IV, line 2	5, 1 tes or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Information	n about Schedule I	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	0. uctions is at <i>www.ir</i> s.g	ov/form990.		Open to Public inspection
Ĕ							Employer identification number	stlon number
IBEW LOCAL UNION NO Part I General Information	ON NO. 596 formation on G	OCAL, UNION NO. 596 General Information on Grants and Assistan	ance				55-0341809	6
1 Does the organizal the selection criteria 2 Describe in Part IV	tion maintain records a used to award the the organization's p	to substantiate the argrants or assistance?	nount of the grants of the use of grant f	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s' eligibility for the grant	s or assistance, and		X Yes No
Part II Grants and Form 990, F	J Other Assista Part IV, line 21 fo	Grants and Other Assistance to Domestic Or Form 990, Part IV, line 21 for any recipient that I	Organizations at received more	ganizations and Domestic Governments. Complete if the organization answerr received more than \$5,000. Part II can be duplicated if additional space is needed.	rnments. can be du	Complete if the organization answered 'Yes' to blicated if additional space is needed.	on answered 'Yes is needed.	s, to
(a) Name and address of organization or government	ss of organization nment	(b) Ein	(c) IRC section if applicable	(d) Amount of cash grent	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisel, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) J. WILSON MEMORIAL IEXTBOOK FUND CLARKSBURG WV 2630	MORIAL	N/A		32,450.				CONTRIBITATION
(2)								
[3]			**************************************					ALL PROPERTY OF THE PARTY OF TH
(4)								
(5)								
(J)								
(8)								
2 Enter total number of	of section 501(c)(3) and other organization	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.	nzations listed in the	line 1 table				
1	duction Act Notice	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.		TEEA3901 06/19/14	6/19/14	Schedul	Schedule I (Form 990) (2014)

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Q.

(a) Type of grant or essistence	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appreisal, other)	(f) Description of non-cash assistance
1					
2					
8					- Advisory and the second seco
4					
O.					
9					
7					
RantilV. Supplemental Information. Provide the information.	de the information	required in Part I, lir	ne 2, Part III, columr	ation required in Part I, line 2, Part III, column (b), and any other additional information.	litional information.

SCHEDULE 0 (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.

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization	Employer Identification number
IBEW LOCAL UNION	NO. 596 55-0341809
	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM
	AND REVIEWED BY THE ORGANIZATION'S TOP MANAGEMENT AND FINANCIAL
Pt VI, Line 11b	PERSONNEL AS WELL AS APPROVED BY THE BOARD OF DIRECTORS.
	EACH BOARD MEMBER IS ASKED TO COMPLETE A FORM FOR DISCLOSURE ON AN
Pt VI, Line 12c	ANNUAL BASIS.
	THE COMPENSATION OF THE BUSINESS MANAGER IS DETERMINED BY THE OFFICERS
Pt VI, Line 15b	OF THE BOARD THROUGH NEGOTIATIONS.
	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
	INTEREST, AND/OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THEY ARE
	AVAILABLE IF SOMEONE CONTACTS THE OFFICE DIRECTLY. ALL REQUIRED
	DISCLOSURES ARE REPORTED IN THE ORGANIZATION'S FORM 990 WHICH IS MADE
Pt VI, Line 19	FREELY AVAILABLE TO PUBLIC INSPECTION.
Pt XII, Line 1	MODIFIED CASH
Pt VI. Line 15a	REVIEW AND APPROVAL BY BOARD OF DIRECTORS