

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





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## Form

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.

OMB No 1545-0047 2015 Open to Public Inspection

<u>A</u>	For t	he 2015 c	alendar year, or tax year beginning , and ending			
В	Check if	applicable	C Name of organization		D Employe	r Identification number
	Address	change	IBEW LOCAL UNION 917			
$\exists$	Mana al		Doing business as		64-0	295384
브	Name d	lange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial ret		P O BOX 964		601-	483-0486
	Final ret terminate		City or town, state or province, country, and ZIP or foreign postal code			
$\exists$			MERIDIAN MS 39302		G Gross rec	<sub>erpts</sub> \$ 356,996
$\sqsubseteq$	Amende	d return	F Name and address of principal officer			
	Applicati	ion pending	JONATHAN ETHRIDGE	H(a) Is this a gro	up return for s	ubordmates? Yes X No
			PO BOX 964	H(b) Are all subo	ordinates inclu	rded? Yes No
			MERIDIAN MS 39302	l .		(see instructions)
-			· · · · · · · · · · · · · · · · · · ·	1		,
<u>-</u>		empt status		4		· 00C4
<u>-</u>	Websit		WW.IBEW917.COM	H(c) Group exer		
K		organization	<del></del>	ear of formation 1	938	M State of legal domicile: MS
<u>: F</u>	art I	<u>√ Sı</u>	mmary			
	1	Briefly de	scribe the organization's mission or most significant activities:			•
9	(a)	AS A	LOCAL UNION OF THE IBEW, THE UNION PROVIDES SERVICE	S TO ITS	MEMBER	RS
S,	<b>5</b>	AND	TRAINING FOR CURRENT MEMBERS AND FOR APPRENTICES.		•	
Ę.	· 10	•				•
8	,	Chack thi	s box ▶  if the organization discontinued its operations or disposed of more than 25%	of its not assets		•
Ğ.	- 1			or as her assers	1 . 1	13
00	3		f voting members of the governing body (Part VI, line 1a)		3	
8	4	Number of	findependent voting members of the governing body (Part VI, line 1b)		4	8
\$	] 5	Total nun	ber of individuals employed in calendar year 2015 (Part V, line 2a)		5	3
10	6	Total nun	ber of volunteers (estimate if necessary)		6	0
	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
Revenue SCIMMACtivities & Governance		Net unrel	7b	0		
<u> </u>	<del>                                     </del>	iver uniter	r	Current Year		
Š	8	Contabut		0		
ğ	l °		ons and grants (Part VIII, line 1h)	55/	1,939	336,777
ĕ	9		service revenue (Part VIII, line 2g)			
چ	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		7,163	20,219
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		980	0
	12	Total reve	enue – add lines 8 through 11. (must equal Part-VIII, column (A), line 12)	<u> </u>	3,082	356,996
	13	Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)			0
	1		paid to or for members (Part IX, column (A), line 4)	82	2,412	93,842
	15	Salanes	other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,247	222,607
<b>Ses</b>					-/	222,007
ű	1		nal fundraising fees (Part IX, collumn (A), line 11e)	Sant & State	M 66 July 2/2	ACTENIA SE CONTRACTOR DE SELECTION DE LA CONTRACTOR DE CON
Expenses	þ	Total fund	Iraising expenses (Part IX, column (D), line 25)		はできる	
щ	17	Other exp	enses (Part IX, column (A), lines 11a-110, 114-24e)	94	1,079	86,721
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,738	403,170
_	19	Revenue	less expenses. Subtract line 18 from line 12		1,344	-46,174
Net Assets or	3			Beginning of Curr		End of Year
Sets	20	Total ass	ets (Part X, line 16)	1,708	3,651	1,662,477
AS	21	Total liabi	lities (Part X, line 26)		0	0
룆	22	Net asset	s or fund balances. Subtract line 21 from line 20	1,708	3,651	1,662,477
	art II		gnature Block			
			<del></del>			des and halved 18
			erjury, I declare that I have examined this return, including accompanying schedules and statements, impleted because it is prepared to the than officer) is based on all information of which prepared has a		my knowied	ige and belier, it is
		1 1	The contract of prepared former trials of the contract of the		- 11	
		-	The Off	<del> </del>		-27-16
Sig	gn	<b> </b>	gnature of officer		Date	
He	re		STACY HENDERSON BUS MG	R/FIN S	EC	
		1 7	rpe or pnnt name and title			
_	<del></del>	Print/Type	preparer's name Preparer's signature	Date	Check	r PTIN
Pai	d	1	A Some Porce	4-26-1		<b>□</b> "
		W. BUR	DETTE RUSS (C. CLASSES, C.F.)		• — —	<del></del>
	parer	Firm's nar		Fu	m's EIN	20-5630688
UŞ	Only		1501 LAKELAND DRIVE, SUITE 300			
		Firm's add	JACKSON, MS 39216-4841	Pr	none no	601-354-4926
Ma	y the IF		this return with the preparer shown above? (see instructions)			X Yes No
			ction Act Notice, see the separate Instructions.		7	Form <b>990</b> (2015)
DAA			בביייי יבייים אוים שבייים מויים שבייים וויים שבייים וויים שביים וויים שביים וויים שביים וויים וויים וויים וויים		V	. 3/11/ 000 (2013)

	IBEW LOCAL UN			64-0295384		Page 2
	tatement of Program			- 4b:- D-4 III		
	neck if Schedule O control of the organization's missing the organization's missing the control of the control		se or note to any line i	n this Part III		
AS A LO	CAL UNION OF	THE IBEW, !	THE UNION PROV RS AND FOR APP		S TO ITS MEMBERS	3
					•	
_	nization undertake any sign 90 or 990-EZ?	uficant program service	es during the year which we	ere not listed on the	Yes	X No
	cribe these new services or nization cease conducting.		anges in how it conducts, a	nv program	_	
services?	cribe these changes on Sci				Yes	X No
4 Describe the expenses. Se	organization's program se	rvice accomplishment (4) organizations are	s for each of its three larges required to report the amou vice reported.			
4a (Code:	) (Expenses \$		including grants of \$		(Revenue \$	)
	ABOR UNION FOR S TO THE AREA		FIT OF MEMBERS TRAIN CURRENT		TO BRING INDUST APPRENTICES.	RY
					•	
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•			•	•		
	•					
	•			٠	•	
					· · · · · · · · · · · · · · · · · · ·	
4b (Code:	) (Expenses \$		including grants of \$	)	(Revenue \$	)
					•	
					•	
,						
,						
						•
4- (0-4	\(\frac{1}{2}\)				(Dava-u 6	
4c (Code:	) (Expenses \$		including grants of \$	,	(Revenue \$	,
•					·	
4d Other progra	ım services (Describe ın Sc \$	hedule O.) including grants of	f \$	) (Revenue \$	)	
4e Total program	m service expenses	3,5		/ \ Tanagrau		200
DAA					Form	990 (2015)

Form 990 (2015) IBEW LOCAL UNION 917
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1	ł	
	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,	1		
	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		1	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		72
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	İ		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-3-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	The state of the s			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The same of the sa			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	The state of the s	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-	l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ļ		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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
þ	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-	ĺ	v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46	ŀ	x
4=	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 22
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
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Form	1 990 (2015) IBEW LOCAL UNION 917 64-0295384		<u>_</u>	-age
_Pa	Checklist of Required Schedules (continued)	······		Т
00-	Did the approximation approximate and approximate for White Off Whee Proposition Colored to 11	200	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<del> </del>
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del> </del>
23	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
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		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).			S
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
С	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? 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,"			1
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_X_	<u> </u>
b	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	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[ ]	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1

19? Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2015)

Pa	Int 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			
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
	reportable gaming (gambling) winnings to prize winners?	1c	X	├
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	15 7	1000	
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3D		<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	- 201	P.K.L.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		N. C	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible 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?	6b	44	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	1	200	È.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	A)L	ž '==
	and services provided to the payor?	7a		<b> </b> -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Meses:	Aart .
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>M</b>		F3 '4
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2.3	Ze:	-
0	sponsoring organization have excess business holdings at any time during the year?	8	3,755,21.	£1.5.
9	Sponsoring organizations maintaining donor advised funds.			8 . L .
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	18 S	A. T.	453
а	Initiation fees and capital contributions included on Part VIII, line 12			1 34
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ij,
11	Section 501(c)(12) organizations. Enter:			÷
а	Gross income from members or shareholders			; ;a. `
b	Gross income from other sources (Do not net amounts due or paid to other sources	74		`, *-
	against amounts due or received from them.)		₹41 	·
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	200	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	2 4 編	<b>新</b> 注於	17.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	the same	
	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		Act.	
	the organization is licensed to issue qualified health plans		(Tara)	ř ·
C	Enter the amount of reserves on hand	14a	Tida V	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<b>-</b>
h	u ves loss a alen a Form 770 to report inese navments 7 it 180 - provide an explanation in Schedule C1	1 1401		4

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "N	lo"	-3
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See it	nstruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	1	4	ŀ
	If there are material differences in voting rights among members of the governing body, or	١.	- 2	2-0
	if the governing body delegated broad authority to an executive committee or similar	,		
	committee, explain in Schedule O.			,.
þ	Enter the number of voting members included in line 1a, above, who are independent  1b 8	1	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_	37	X
6	Did the organization have members or stockholders?	6_	X	<del> </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7.7	
	one or more members of the governing body?	7a	X	<del> </del>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		x	
_	stockholders, or persons other than the governing body?	7b 2整		,749
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	X	لــــــــــــــــــــــــــــــــــــــ
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coc	<u> </u>		
<u> </u>	tion D. 1 oncies ( This occitor is requests information about policies not required by the internal Neventee occ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3. <u>3.</u> 5	*: ·
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		-	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	<i>)</i> .		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		130	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	े हैं।		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-> ,,,1	لـــا
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		<u></u> -	1
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MS			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	TACY HENDERSON 1620 HWY 39 NORTH ERIDIAN MS 39301			
7.11	TAN JOUR			

# 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unio	Pos check ess pe	rson i	than one s both an r/trustee)		(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(4. 2.400	organization and related organizations	
(1) JODY SMITH											
	1.00		ļ								
EXECUTIVE BOARD	0.00	X			_		_	495	0	0	
(2) ANTHONY COLEMAN	1 00						ļ				
EVALUATIO BOARD	1.00	x						495	o	0	
EXAMINING BOARD (3) CECIL HESTER	0.00	<u> </u>	-	-	┢		-				
(3) CECIL HESTER	1.00										
EXECUTIVE BOARD	0.00	x		i				360	0	0	
(4) PATRICK SPENCE	0.00	1	-		┢	$\vdash$	$\dashv$				
(4) IMIRITOR DILLION	1.00										
EXECUTIVE BOARD	0.00	$ \mathbf{x} $						360	0	0	
(5) DONNIE KINARD				<del>                                     </del>	_						
(5)2011112	1.00										
EXECUTIVE BOARD	0.00	x		ł				360	0	0	
(6) D J SHELTON											
(-,-	1.00	1									
EXECUTIVE BOARD	0.00	X		l	ļ		1	315	0	0	
(7) RICKIE POWE											
``	1.00	1				•					
EXAMINING BOARD	0.00	X						315	0	0	
(8) MATT BROWN											
	1.00		l	ļ							
EXAMINING BOARD	0.00	X						0	0	0	
(9) STACY HENDERSON											
	40.00			l							
BUS MGR/FIN SEC	0.00			X	L			69,145	0	18,987	
(10) JONATHAN ETHRIDG	E										
	40.00								_		
PRESIDENT	0.00			X	<u> </u>	<del>                                     </del>		64,228	0	18,843	
(11)DAVID HENLEY				1							
	1.00									_	
VICE PRESIDENT	10.00	1	1	X	1	1 1		450	8,716	0	

DAA

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and trite	(B) (C) Average hours per week (list any hours for (Q a) T (Q							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) KLINE GRESSET	1.00									
TREASURER (13) TERRY CLEMONS			_	X		<u> </u>		540	0	0
RECORDING SECRETARY	1.00 0.00			x				495	0	0
	-	-								
1b Sub-total		<u> </u>	L	L	<u> </u>	<u> </u>	<u> </u>	137,558	8,716	37,830
d Total (add lines 1b and 1c)							<u>&gt;</u>	137,558	8,716	37,830
2 Total number of individuals (increportable compensation from	cluding but not lin	nited ▶	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of	
3 Did the organization list any for	rmer officer, dire	ctor,						ree, or highest compensated		Yes No
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ole co	mpe	ensat	ion a		n the	
ndividual  5 Did any person listed on line 1a for services rendered to the ore									fividual	5 X
Section B. Independent Contracto  1 Complete this table for your five	e highest compe	nsate	ed in	depe	ndei	nt cor	ntrac	ctors that received more that	n \$100,000 of	
compensation from the organiz	zation Report cor (A) I business address	mper	nsati	on fo	r the	cale	nda	r year ending with or within t	he organization's tax year. (B) ton of services	(C) Compensation
Name and	i dusiness address					-		Безар	don or services	Compositocon
	<u>.</u>	<u>-</u>					-			
					•					
		•					_			
Total number of independent or	ontractors (include	ding	but n	ot lin	nited	to th	nose	listed above) who		
received more than \$100,000 c	or compensation	trom	tne	orgar	nızat	ion 🕨			0	Form <b>990</b> (2015)

. •			f Schedule (	ontains	a response o	or note to any line	in this Part VIII		
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ম ম	1a	Federated camp	aigns	1a					
티		Membership due		1b					
S E		Fundraising eve		1c		!			
ar A		Related organiza		1d				,	: 3.
S,E		Government grants (co		1e					
S S S S		All other contributions,	-				·		
훒		and similar amounts no		1f			,		
퉏	g	Noncash contributions	included in lines 1a-1	1f: \$				1	
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines					5	. r	The state of the s
			·		Busn. Code		7 , 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	(H (1888 + 1 H )
ē	2a	MEMBERSHI	IP DUES/ASSE	ESSMENTS		335,535	335,535		
æ	b	REIMBURSI	EMENTS AND M	MISCELL.		1,242	1,242		
Program Service Revenue	C								
Sel	d								
Ë	е								
g	f	All other program	m service reven	nue					
مّ	g	Total. Add lines	2a-2f		<u> </u>	336,777	7.	मार्ग विकास	प अंदिर्गत
	3	Investment inco	me (including d	ividends, inte	rest,				
ļ		and other simila	r amounts)		•	20,219			20,219
	4	Income from inv	estment of tax-	exempt bond	proceeds >				
	5	Royalties _			<u> </u>		<u></u>		
		L	(ı) Real		(ii) Personal		ļ.	5.49	State of the state of the
	6a	Gross rents				,	• ,	4.	
	þ	Less rental exps				,			
	C	Rental inc or (loss)							
	_d	Net rental incom	ne or (loss)		<b>&gt;</b>			9 2 2 1 1 1 1 N N I	A Contraction of Contract Contract
	7a	Gross amount from sales of assets	(i) Secunties	<u> </u>	(ii) Other	A STANCE OF			
		other than inventory							
ĺ	b	Less, cost or other						44 59 44	
		basis & sales exps.				<u> </u>			
	C	Gain or (loss)				· · ·			
	d	Net gain or (loss	s)		<u> </u>				,,
	8a	Gross income from	n fundraising ever	nts		,			
Ĕ		(not including \$						•	
) A		of contributions re	ported on line 1c).			•			
Other Revenu		See Part IV, line 1	8	a			;	<i>;</i> -	2 2 2 2 2
th.	b	Less. direct exp		b			1		
٦	C	Net income or (	loss) from fundi	raising events	<u> </u>				राजे सरक ने क्षेत्रको को उन उन्हें
	9a	Gross income from	n gamıng activitie	s.		٠,		Control of the	
		See Part IV, line 1	9	a			'	4	
	b	Less: direct exp		ь			<u> </u>		
	C	Net income or (		ing activities	<u> </u>				
	10a	Gross sales of i	nventory, less			1		,	l,
		returns and allo	wances	a		,			·
	b	Less cost of go	ods sold	b[				,	
	С	Net income or (	loss) from sales	of inventory					
		Misc	ellaneous Revenue		Busn. Code				
	11a								
	b								
	С								
	d	All other revenu	ie						
	е	Total. Add lines	s 11a–11d		<b>&gt;</b>				
	12	Total revenue.	See instruction	ns.	<b>&gt;</b>	356,996	336,777	0	20,219

64-0295384 Page 10 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 (C) (D) Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expense Grants and other assistance to domestic organizations 3,090 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 93,842 Benefits paid to or for members Compensation of current officers, directors, 175,388 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 45 33,318 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,000 Other employee benefits 12,856 10 Payroll taxes Fees for services (non-employees): a Management b Legal 5,500 Accounting Lobbying AND THE PROPERTY OF THE PARTY O e Professional fundraising services See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 180 (A) amount, list line 11g expenses on Schedule O) 3,206 12 Advertising and promotion 5,895 13 Office expenses Information technology 15 Royalties 31,800 16 Occupancy 9.178 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 5,595 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 13,545 22 Depreciation, depletion, and amortization 524 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) TELEPHONE 6,208 b C All other expenses 403,170 0 0 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 37,722 333,389 Cash-non-interest bearing 916,961 921,491 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 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 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 618,220 361,822 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or 159,901 10a other basis. Complete Part VI of Schedule D 70,327 91,949 b Less: accumulated depreciation 10b 10c 11 11 Investments-publicly traded securities 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,708,651 1,662,477 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 26 X Organizations that follow SFAS 117 (ASC 958), check here and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,708,651 1,662,477 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

1,662,477

1,662,477

1,708,651

1,708,651

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

<u>om</u>	990 (2015) IBEW LOCAL UNION 917 64-	0295564		Pa	ge 12
Рa	rt XI - Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		356,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	403,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-46,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	708,	<u>651</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	1,	662,	<u>477</u>
Pa	rt XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Ot	her			<b>9</b>
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in	1.4		7
	Schedule O		<u> </u>	3.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant	1?		a X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or	7 10 10 10 10 10 10 10 10 10 10 10 10 10	票源	8.+
	reviewed on a separate basis, consolidated basis, or both:			<b>S</b>	
	Separate basis X Consolidated basis Both consolidated and separate basis		3	至	<b>3</b>
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		<b>3 3 3 3 3 3 3 3 3 3</b>	1800 P
	separate basis, consolidated basis, or both:				5
	Separate basis Consolidated basis Both consolidated and separate basis		25		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent ac		2	c X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year,	explain in		翻點	in .
	Schedule O.			E 872	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1	- [	
	the Single Audit Act and OMB Circular A-133?		3:	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo suc		3	b	$ldsymbol{f f f f f f f f f f f f f $

Form **990** (2015)

### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

► 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 its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** 

If the organization answered "Yes," on 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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	IBEW LOCAL UNION 917			64-02953	84
Pä	rt I-A. Complete if the organization is exem	pt under section 501(c)	or is a section	n 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	political campaign activities in	Part IV.		
2	Political expenditures			. ▶\$	
3	Volunteer hours				
				· · · · · · · · · · · · · · · · · · ·	
Pa	rt I-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organizati			<b>▶</b> \$	•
2	Enter the amount of any excise tax incurred by organization r	managers under section 4955		. ▶\$	
3	If the organization incurred a section 4955 tax, did it file Form	1 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.			701()(0)	
Pa	rt I-G: Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	for section 527 exempt function	1		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contributed	ion			
	527 exempt function activities			▶ \$	•
3	Total exempt function expenditures. Add lines 1 and 2 Enter				
_	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification num		-	-	
	organization made payments. For each organization listed, e	•			
	the amount of political contributions received that were prom			=	
	as a separate segregated fund or a political action committee	· · · · · · · · · · · · · · · · · · ·			delta a ded estical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds if none, enter -0-	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
1)					
''					
2)					
-,					
3)					
ν,					
4)					
•					
5)		<u> </u>			
•	İ				
6)					
•					
or P	aperwork Reduction Act Notice, see the Instructions for Form 99	0 or 990-EZ.		Schedule C (Fe	orm 990 or 990-EZ) 2015

chedule C (Form 990 or 990-EZ) 2015 IBEW	LOCAL UNIC	N 917		64-029538	<b>4</b> Pag	e 2			
Part II-A . Complete if the organ	ization is exempt	under section 50	1(c)(3) and file	d Form 5768 (ele	ection under				
section 501(h)).				<del> </del>					
Check ► ☐ if the filing organiza	tion belongs to an	affiliated group (ar	d list in Part IV	each affiliated gro	oup member's				
name, address, EIN	l, expenses, and s	hare of excess lob	oying expenditu	res).					
Check ▶ ☐ if the filing organiza	tion checked box A	and "limited contr	ol" provisions a	pply.					
Limits on Lo	bbying Expendit	ures		(a) Filmg	(b) Affiliated				
(The term "expenditures"	' means amounts p	aid or incurred.)		organization's totals	group totals				
1a Total lobbying expenditures to influence p	ublic opinion (grass roo	ts lobbying)							
b Total lobbying expenditures to influence a	Total lobbying expenditures to influence a legislative body (direct lobbying)								
c Total lobbying expenditures (add lines 1a	and 1b)	·							
d Other exempt purpose expenditures									
e Total exempt purpose expenditures (add I	ines 1c and 1d)								
f Lobbying nontaxable amount. Enter the ai	mount from the following	g table in both							
columns.									
If the amount on line 1e, column (a) or (b) Is	: The lobbying non	taxable amount is:	ر ځي ا		in the state of	<del></del>			
Not over \$500,000	20% of the amount	on line 1e.				j			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,0	000	4. 本一題 1. 16					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,000	,000.			1			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,500,	000			}			
Over \$17,000,000	\$1,000,000			÷,	<u> </u>	: 1			
g Grassroots nontaxable amount (enter 25%	6 of line 1f)	<del>.</del>							
h Subtract line 1g from line 1a. If zero or les	s, enter -0-					_			
i Subtract line 1f from line 1c. If zero or less	s, enter -0-								
j If there is an amount other than zero on e	ither line 1h or line 1i, d	id the organization file F	orm 4720						
reporting section 4911 tax for this year?					Yes	0			
	4-Year Average	ing Period Under se	ction 501(h)						
(Some organizations that ma				all of the five colur	nns below.				
(000 0.942		nstructions for line							
	Lobbying Expendit	ures During 4-Year	Averaging Perio	d		_			
Calendar year (or fiscal year					}				

	Lobbying Expenditu	res During 4-Year	Averaging Period	1,	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	٠, ٠			हरिया है।	
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) 2015

Sched	lule C (Form 990 or 990-EZ) 2015	64-029	538	4		ı	Page
Păi	till-B <sub>2</sub> ; Complete if the organization is exempt under section 501(c)(3) and has I (election under section 501(h)).	NOT filed I	Form	5768			
		(;	a)		(b	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Ато	unt	
1630	Tiption of the lobbying activity.	163	110		Aiio		
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			7-56 6			
	referendum, through the use of:	30.0	100				
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		Y : :	4	1	ų.
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?			·			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
ħ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?	. L					
j	Total. Add lines 1c through 1i		1				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), d	or se	ction			
				-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			l	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Į	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		X
Păi	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."				ne 3	, is	
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).			'			
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				

and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

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.

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 Rartiva: Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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.qov/form990.

OMB No 1545-0047

lame	of the organization	1	Employer I	identification number	
I	BEW LOCAL UNION 917			295384	
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Acc Form 990, Part IV, line 6.	counts	<b>3.</b>	
		(a) Donor advised funds	(E	b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)		<del></del>		
3	Aggregate value of 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	he assets held in donor advised			
•	funds are the organization's property, subject to the organization's exclusion			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in w				_
	only for charitable purposes and not for the benefit of the donor or donor				_
	conferring impermissible private benefit?			Yes	No
Ra	Conservation Easements.				
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		· · · · · · · · · · · · · · · · · · ·	
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply).			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	ant land a	area	
	Protection of natural habitat	Preservation of a certified historic st	ructure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservatio			
	easement on the last day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure include	ded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization do	unng the		
	tax year ▶				
4	Number of states where property subject to conservation easement is loc				
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of			١
	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easem	ents duri	ing the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	lons, and enforcing conservation easements	auring tr	ne year	
_	▶ \$ Does each conservation easement reported on line 2(d) above satisfy the	o requirements of section 170/b)/4\/R\/i\			
8	and section 170(h)(4)(B)(ii)?	e requirements of section 17 o(1)(4)(5)(1)		Yes	No
9	In Part XIII, describe how the organization reports conservation easemer	ate in its revenue and expense statement, and	1		J
9	balance sheet, and include, if applicable, the text of the footnote to the or				
	organization's accounting for conservation easements.	<u> </u>			
Pa	itilia Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sir	nilar A	ssets.	
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	æ sheet		
	works of art, historical treasures, or other similar assets held for public ex				
	public service, provide, in Part XIII, the text of the footnote to its financial				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r				
	works of art, historical treasures, or other similar assets held for public ea	xhibition, education, or research in furtherance	e of		
	public service, provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	<b>\$</b>	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$	
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide t	he		
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$	
b	Assets included in Form 990, Part X		<b>&gt;</b>	\$	

60,322

99,579

13.758

56,569

46,564

89,574

**b** Buildings

d Equipment e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII .	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11h See Form 990 Part X line 12
<del></del> ,	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book Value	Cost or end-of-year market value
(1) Financial d		<del> </del>	
(1) Financial d	•		<u> </u>
	d equity interests		
(3) Other			
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
,	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of vatuation
			Cost or end-of-year market value
(1)			
(1)			
(2)		<del>-   </del>	
(3)			
(4)	<del></del>	<del></del>	
(5)			
(6)			
_(7)			<del>                                     </del>
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, cof. (B) line 13.) ▶		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
Part IX	Other Assets.  Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) 15 000 D 1 (1) (1) (1) (1)		<b>•</b>
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.  Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
			The second secon
(3)			
(4)			- 3
(5)			
(6)			
<u>(7)</u>			de la la la la la la la la la la la la la
(8)			4
<u>(9)</u>			4
	n (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 foo	tnote to the organization's fina	incial statements that reports the

Part XIII | Supplemental Information.

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Subtract line 2e from line 1

b Other (Describe in Part XIII.)c Add lines 4a and 4b

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.

Page 5

Part XIII Supplemental Information (continued)

### 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.

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

IBEW LOCAL UNION 917

Employer Identification number 64-0295384

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 917 IS A

LABOR UNION THAT IS COMPRISED OF MEMBERS THAT PAY DUES FOR REPRESENTATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL OF THE MEMBERS HAVE THE RIGHT TO NOMINATE AND ELECT THE GOVERNING BODY

OF THE IBEW LOCAL UNION 917.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
ALL DECISIONS OUTSIDE OF THE NORMAL OPERATIONS OF BUSINESS ARE SUBJECT TO
MEMBER APPROVAL AT A UNION MEETING. THE IBEW LOCAL 917 MEETS SEMI-MONTHLY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE PRESIDENT AND TREASURER REVIEW THE 990 BEFORE FILING. A COPY IS
PROVIDED TO THE EXECUTIVE BOARD AT WHICH TIME THEY REVIEW AND ACCEIPT THE
RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE IBEW LOCAL 917 FOLLOWS THE RULES AND REGULATIONS REQUIRED BY THE U S
DEPARTMENT OF LABOR RELATING TO CONFLICTS OF INTEREST. THEY ALSO HAVE
POLICIES IN THEIR CONSTITUTION AND BYLAWS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE UNION MEMBERSHIP DETERMINES THE PAY OF THE OFFICERS THROUGH THEIR
BYLAWS WHICH IS BASED ON THE JOB DESCRIPTION. THEY USE NEIGHBORING UNIONS

Employer identification number

IBEW LOCAL UNION 917

64-0295384

PAYROLL INFORMATION AS A COMPARISON.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE UNION MEMBERSHIP DETERMINES THE PAY OF THE OFFICERS THROUGH THEIR

BYLAWS WHICH IS BASED ON THE JOB DESCRIPTION. THEY USE NEIGHBORING UNIONS

PAYROLL INFORMATION AS A COMPARISON.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE IBEW LOCAL UNION 917 FOLLOWS THE PUBLIC INFORMATION ACT WHICH REQUIRES
TEH GOVERNING DOCUMENTS, FINANCIAL INFORMATION, AND 990 BE AVAILABLE TO THE
PUBLIC.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

E

3

(3)

€

<u>3</u>

Related Organizations and Unrelated Partnerships

Copenitor Bublic (f)
Direct controlling
entity 2015 OMB No 1545-0047 Employer identification number 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. 64-0295384 (e) End-of-year assets ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income (c)
Legal domicile (state
or foreign country) ▶ Attach to Form 990. (b) Primary ectivity (a) Name, address, and EIN (if applicable) of disregarded entity IBEW LOCAL UNION 917

organization	(b) Primary activity	(c) Legal domucile (state or foreign country)	(d) Exempl Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	b)(13) nutty? No
(1) IBEW 917 MERIDIAN NECA JATC P O BOX 964 MERIDIAN MS 39302	TRAINING	SM	50105		N/A		×
(2)							
(3)							
(4)							
(5)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2015	30) 2015

Part II

Page 2 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. 64-0295384 Schedule R (Form 990) 2015 IBEW LOCAL UNION 917

Schedule R (Form 990) 2015 • (k) Percentage (I) Section 512(b)(13) controlled entity? ş ownership × Yes managing partner? Yes No स/प्र Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) K/N end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No ₿ (g) Share of end-ofyear assets Share of total income Share of total Type of entity (Ccorp, Scorp, **EMOOR** or trust) υ Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity Ð N/A (d) Direct controlling (c) Legal domicile foreign country) (state or 双 (c) Legal domicile (state or foreign country) Primary activity PROPERTY Primary activity ē (1)MERIDIAN ELECTRICIANS ASSOC., INC. MS 39302 Name, address, and EIN of related organization Name, address, and EIN of related organization P 0 BOX 964 64-0935657 MERIDIAN Rantilli. Partily Ą Ξ | ල 3 3 | ତ 3 2

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

Note. Complete line 1 if a	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	2
1 During the tax year, o	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?	ed organizations listed in	Parts II-IV?				
a Receipt of (i) interest	Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity				1a	×	1
b Gift, grant, or capital	Gift, grant, or capital contribution to related organization(s)				<del>1</del>	_	×
c Gift, grant, or capital	Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarar	Loans or loan guarantees to or for related organization(s)				1q	×	i
e Loans or loan guaran	Loans or loan guarantees by related organization(s)				16		×
•						-	
f Dividends from related organization(s)	ed organization(s)				1	_	×
g Sale of assets to related organization(s)	ated organization(s)				1g	_	×
h Purchase of assets for	Purchase of assets from related organization(s)				1h		×
i Exchange of assets	Exchange of assets with related organization(s)				F		برا
j Lease of facilities, eq	Lease of facilities, equipment, or other assets to related organization(s)				1j	-	×
K Lease of facilities, eq	Lease of racilities, equipment, of other assets from related organization(s)				╁	× '	١,
Performance of serving	Performance of services or membership of fundraising solicitations for related organization(s)				=	+	4 ,
n Sharing of facilities	Performance of services of membership of fulforaising solicitations by felated organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				ב ק		4   ×
	equipment, memory and order access many clarke organization(s)	•		•		-	۰ ,
	onaring of paio employees with related organization(s)				2	+	اہ
p Reimbursement paid	Reimbursement paid to related organization(s) for expenses						×
	Reimbursement haid by related organization(s) for expanses			•	1 5		
	ים וכומנכת כו שמוודמונטונא וכו מארבונסמס				) 		ا،
r Other transfer of cas	Other transfer of cash or property to related organization(s)		٠		1-	_	×
s Other transfer of cas	Other transfer of cash or property from related organization(s)				1s	×	i
2 If the answer to any o	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	ine, including covered re	ationships and transaction	on thresholds			
	(a)	æ	9	(p)			
	Name of related organization	Transaction	Amount involved	Method of determining amount involved	nt involved		
		(പ്രക) മർദ്					1
(5)	MERIDIAN ELECTRICIANS ASSOC, INC	A	11,460	INTEREST RECEIVED	Д		1
(2)	MERIDIAN ELECTRICIANS ASSOC, INC	Ω	264,268	LOANS MADE DURING	G YEAR	<b>α</b>	ı
(3)	MERIDIAN ELECTRICIANS ASSOC, INC	M	19,330	RENT PAID		İ	
(4)	MERIDIAN ELECTRICIANS ASSOC, INC	Ø	7,870	PRINCIPAL PYMTS I	RECEIVED	VED	
(5)							l
(9)							
				Schedule R (Form 990) 2015	Rorm (	990) 2	915

Schedule R (Form 990) 2015 IBEW LOCAL UNION 917

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership												Schedule R (Form 990) 2015
							-					E mus
General or managing partner?												R (F
												edule
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Ĭ.										Sct
Code amount of Sch (Fon										:		
rtionate ons?	2						-					
(h) Disproportionate allocations?						. <u></u>						
<u> </u>												
(g) Share of end-of-year assets											:	
en S.												
(f) Share of total income	ŀ											
total St												
rthers on (3)								-				
(e) Are all partners section 501(c)(3) organizations?									, , , , , ,			
nt A leed, luded tar o												
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)												
	ļ								<u> </u>			
(c) Legal domicile (state or foreign												
activity												
(b) Primary activity									!		:	
	:								,			
f entity	:				:							
E E			:									
(a) ress, an												
(a) Name, address, and EIN of entity												
Na				:								
	£	(2)	<u>(6)</u>	3	(2)	(9)	(7)	(8)	(6)	(10)	(11)	
•	•	•	•	•	•	•				. 🔾		

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Part VII\* Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).