

Form **990**  
 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](http://www.irs.gov/form990)

**2015**

**Open to Public Inspection**

## A For the 2015 calendar year, or tax year beginning 11-01-2015, and ending 10-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277	D Employer identification number 75-0850331
Doing business as	
Number and street (or P O box if mail is not delivered to street address) 641 N CHERRY LN	Room/suite
E Telephone number (817) 246-4981	
F Name and address of principal officer BECKY TURNER 641 N CHERRY LA FORT WORTH, TX 76108	
G Gross receipts \$ 2,585,460	

I Tax-exempt status  501(c)(3)  501(c) ( 5 )  (insert no)  4947(a)(1) or  527

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1952 M State of legal domicile TX

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

REPRESENTING OFFICE AND PROFESSIONAL MEMBER EMPLOYEES OF VARIOUS EMPLOYERS, INCLUDING ARBITRATION OF MEMBER'S GRIEVANCES AND NEGOTIATION OF CONTRACTS ON BEHALF OF MEMBERS

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3	8
9	10	11	12	13	14	4	5
15	16a	17	18	19	20	5	46
16b	16c	19	21	22	23	6	0
21	22	23	24	25	26	7a	0
27	28	29	30	31	32	7b	0

Revenue	8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
						3	8
13	14	15	16a	16b	16c	4	5
17	18	19	20	21	22	5	46
23	24	25	26	27	28	6	0
29	30	31	32	33	34	7a	0
35	36	37	38	39	40	7b	0

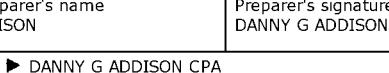
Expenses	8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
						3	8
13	14	15	16a	16b	16c	4	5
17	18	19	20	21	22	5	46
23	24	25	26	27	28	6	0
29	30	31	32	33	34	7a	0
35	36	37	38	39	40	7b	0

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
				3	8
20	21	22	23	24	25
26	27	28	29	30	31
32	33	34	35	36	37
38	39	40	41	42	43

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here  Signature of officer 2017-09-15  
 N LINDA GONZALEZ SECRETARY/TREASURER  
 Type or print name and title

Paid Preparer Use Only  Preparer's signature DANNY G ADDISON Date 2017-09-15 Check  if self-employed PTIN P01392214  
 Firm's name ► DANNY G ADDISON CPA Firm's EIN ► 75-1731130  
 Firm's address ► 2901 W BOLT ST Phone no (817) 921-4450  
 FORT WORTH, TX 76110

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III . . . . . **1** Briefly describe the organization's mission

TO ORGANIZE ALL UNORGANIZED OFFICE, PROFESSIONAL, AND CLERICAL EMPLOYEES, TO SECURE TERMS AND CONDITIONS OF EMPLOYMENT FOR ITS MEMBERS CONSONANT WITH IDEALS OF FAIR WAGES, TO PROMOTE AND ENCOURAGE HARMONIOUS RELATIONS BETWEEN OURSELVES AND OUR EMPLOYERS, TO RENDER ALL POSSIBLE ASSISTANCE TO OUR BROTHERS AND SISTERS IN THE AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS AND THE CANADIAN LABOUR CONGRESS, AND TO HAVE, IN GENERAL, THE SAME AIMS AND PURPOSES OF THE INTERNATIONAL UNION PROVIDED FOR IN ITS CONSTITUTION IN THE INTEREST OF ALL OFFICE, PROFESSIONAL, AND CLERICAL WORKERS

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

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**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

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**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

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**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

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**4e** **Total program service expenses ►**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? . . . . .

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 . . . . .

**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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

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 . . . . .

**11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b 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 . . . . .

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 . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

**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 . . . . .

**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 . . . . .

**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) . . . . .

**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 . . . . .

**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 . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	<b>Yes</b>	<b>No</b>
<b>1</b>		No
<b>2</b>		No
<b>3</b>		No
<b>4</b>		
<b>5</b>	Yes	
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>		No
<b>12a</b>		No
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

**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** Yes

**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** No

**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** Yes

**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** No

**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** **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**

**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** No

**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** No

**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** No

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . **28b** Yes

**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** No

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . **29** No

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . . **30** No

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . . **31** No

**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** No

**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** No

**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** Yes

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **35a** No

**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**

**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** No

**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** Yes

**Part 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	9	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	46	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</b> 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)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>	<b>8</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . .

**Section A. Governing Body and Management**

**1a** Enter the number of voting members of the governing body at the end of the tax year

1a	8	Yes	No

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

**b** Enter the number of voting members included in line 1a, above, who are independent

1b	5	Yes	No

**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	Yes
3	No

**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? . . . . .

4	No
5	No

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

6	Yes
7a	Yes

**5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

7b	Yes
8a	Yes

**6** Did the organization have members or stockholders? . . . . .

8b	Yes
9	Yes

**7a** 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? . . . . .

8a	Yes
8b	Yes

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8b	Yes
9	Yes

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

9	Yes
10a	No

**a** The governing body? . . . . .

10a	No
10b	

**b** Each committee with authority to act on behalf of the governing body? . . . . .

10b	
11a	No

**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 . . . . .

11a	No
12a	No

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

12a	No
12b	

**10a** Did the organization have local chapters, branches, or affiliates? . . . . .

12c	
13	No

**b** 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? . . . . .

13	No
14	Yes

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .

14	Yes
15a	Yes

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

15b	Yes
16a	No

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

16b	
17	

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

17	
18	

**12b** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

18	
19	

**13** Did the organization have a written whistleblower policy? . . . . .

19	
20	

**14** Did the organization have a written document retention and destruction policy? . . . . .

20	
21	

**15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .

21	
22	

**a** The organization's CEO, Executive Director, or top management official . . . . .

22	
23	

**b** Other officers or key employees of the organization . . . . .

23	
24	

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

24	
25	

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

25	
26	

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

26	
27	

**17** List the States with which a copy of this Form 990 is required to be filed►

27	
28	

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  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 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

►LINDA GONZALEZ SECRETARY/TREASURER 641 N CHERRY LA FORT WORTH, TX 76108 (817) 246-4981

**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, or 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.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)				<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>						401,369	10,040	119,587	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

**Part VIII Statement of Revenue**

Check if Schedule O contains a response 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►				
<b>Program Service Revenue</b>	<b>2a</b> DUES & INITIATION FEE _____	Business Code 900099	2,578,859	2,578,859	
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue _____				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►		2,578,859		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►		3,032	3,032	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . ►					
<b>5</b> Royalties . . . . . ►					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . ►					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . . ►					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
<b>b</b> Less direct expenses . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from fundraising events . . . ►					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . .	a				
<b>b</b> Less direct expenses . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from gaming activities . . . ►					
<b>10a</b> Gross sales of inventory, less returns and allowances .	a				
<b>b</b> Less cost of goods sold . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from sales of inventory . . . ►					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> EDUCATIONAL EXPENSE RE _____	900099	3,569	3,569		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►		3,569			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . . ►		2,585,460	2,585,460	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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	71,300			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	195,912			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	423,135			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	211,112			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	103,134			
<b>9</b> Other employee benefits . . . . .	123,440			
<b>10</b> Payroll taxes . . . . .	43,316			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	18,148			
<b>c</b> Accounting . . . . .	21,225			
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	10,225			
<b>12</b> Advertising and promotion . . . . .	3,323			
<b>13</b> Office expenses . . . . .	40,386			
<b>14</b> Information technology . . . . .	5,701			
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	26,995			
<b>17</b> Travel . . . . .	10,019			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	8,504			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	1,079,242			
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	3,029			
<b>24</b> 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 )				
<b>a</b> NEGOTIATIONS, ARBITRATI	46,672			
<b>b</b> TELEPHONE & POSTAGE	38,691			
<b>c</b> REAL ESTATE PROPERTY TA	10,403			
<b>d</b> BANK FEES	910			
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,494,822			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> 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 

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing	215,385	<b>1</b>	279,515
	<b>2</b> Savings and temporary cash investments	2,447,967	<b>2</b>	2,650,994
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	1,047,286	
	<b>b</b> Less accumulated depreciation	<b>10b</b>	0	<b>10c</b> 1,047,286
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,710,638	<b>16</b>	3,977,795
Liabilities	<b>17</b> Accounts payable and accrued expenses	99,392	<b>17</b>	112,123
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	99,392	<b>26</b>	112,123
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	2,563,960	<b>30</b>	2,818,386
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund	1,047,286	<b>31</b>	1,047,286
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
	<b>33</b> Total net assets or fund balances	3,611,246	<b>33</b>	3,865,672
	<b>34</b> Total liabilities and net assets/fund balances	3,710,638	<b>34</b>	3,977,795

**Part 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	2,585,460
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	2,494,822
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	90,638
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,611,246
5 Net unrealized gains (losses) on investments . . . . .	5	
6 Donated services and use of facilities . . . . .	6	
7 Investment expenses . . . . .	7	
8 Prior period adjustments . . . . .	8	
9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	163,788
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,865,672

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII  

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?  
 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

Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-0850331

**Name:** OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

### Form 990, Part III, Line 4a

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4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
AT THE END OF THE FISCAL YEAR ENDED OCTOBER 31, 2016, OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 REPRESENTED IN EXCESS OF 6,800 UNION MEMBERS IN CONTRACT NEGOTIATIONS ON BEHALF OF MEMBER EMPLOYEES WITH MANAGEMENT OF THEIR RESPECTIVE MEMBER EMPLOYEES' EMPLOYER COMPANY. ALL EXPENDITURES BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 ARE FOR THIS PROGRAM SERVICE AND ALL OTHER EXPENDITURES RELATE TO THEIR EXEMPT PURPOSE					

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## Form 990, Part III, Line 4b

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**4b** (Code ) (Expenses \$ ) including grants of \$ (Revenue \$ )  
SETTLEMENT OF GRIEVANCES OF MEMBER EMPLOYEES WITH MANAGEMENT OF THEIR RESPECTIVE EMPLOYER COMPANY FOR IN EXCESS OF 6,800 MEMBERS. ALL EXPENDITURES BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 ARE FOR THIS PROGRAM SERVICE AND ALL OTHER EXPENDITURES RELATE TO THEIR EXEMPT PURPOSE

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## Form 990, Part III, Line 4c

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**4c** (Code ) (Expenses \$ ) including grants of \$ (Revenue \$ )  
COORDINATE AND PARTICIPATE IN ARBITRATION PROCEEDINGS FOR IN EXCESS OF 6,800 EMPLOYEES WITH MANAGEMENT OF THEIR RESPECTIVE EMPLOYER COMPANY. ALL EXPENDITURES BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 ARE FOR THIS PROGRAM SERVICE AND ALL OTHER EXPENDITURES RELATE TO THEIR EXEMPT PURPOSE

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2015

Open to Public  
Inspection**SCHEDULE C**  
**(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

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

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**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

**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**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277	Employer identification number 75-0850331
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

► \$ \_\_\_\_\_

2 Political expenditures

3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes  No

4a Was a correction made?

 Yes  No

b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

► \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

► \$ \_\_\_\_\_

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

► \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year?

 Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**(a) Filing organization's totals****(b) Affiliated group totals****1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)


**b** Total lobbying expenditures to influence a legislative body (direct lobbying)


**c** Total lobbying expenditures (add lines 1a and 1b)


**d** Other exempt purpose expenditures


**e** Total exempt purpose expenditures (add lines 1c and 1d)


**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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 over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
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

**g** Grassroots nontaxable amount (enter 25% of line 1f)


**h** Subtract line 1g from line 1a If zero or less, enter -0-


**i** Subtract line 1f from line 1c If zero or less, enter -0-


**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
---	---------	---------	---------	---------	-----------

**2a** Lobbying nontaxable amount**b** Lobbying ceiling amount  
(150% of line 2a, column(e))**c** Total lobbying expenditures**d** Grassroots nontaxable amount**e** Grassroots ceiling amount  
(150% of line 2d, column (e))**f** Grassroots lobbying expenditures

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Activity	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
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?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	<b>Yes</b>	<b>No</b>
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	2,578,859
2	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

**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.

Return Reference	Explanation
FORM 990, SCHEDULE C, SUPPLEMENTAL INFORMATION	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 DID NOT MAKE ANY POLITICAL EXPENDITURES DURING THE CURRENT TAX YEAR OR PRIOR YEARS THEREFORE, NO SECTION 6033(E)(1)(A) NOTICES WERE REQUIRED OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 DUES, FEES AND ASSESSMENTS ARE DEDUCTIBLE BY MEMBERS SUBJECT TO THE INTERNAL REVENUE SERVICE RULES GOVERNING THIS TYPE OF DEDUCTION

2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue Service**Name of the organization**  
OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277**Employer identification number**

75-0850331

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

**(a) Donor advised funds** **(b) Funds and other accounts**

<b>1</b>	Total number at end of year	
<b>2</b>	Aggregate value of contributions to (during year)	
<b>3</b>	Aggregate value of grants from (during year)	
<b>4</b>	Aggregate value at end of year	

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No**6** Did the organization inform all grantees, donors, and donor 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?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  
 Protection of natural habitat  
 Preservation of open space

Preservation of an historically important land area  
 Preservation of a certified historic structure

**2** 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

	<b>Held at the End of the Year</b>
<b>2a</b>	
<b>2b</b>	
<b>2c</b>	
<b>2d</b>	

**a** Total number of conservation easements  
**b** Total acreage restricted by conservation easements  
**c** Number of conservation easements on a certified historic structure included in (a)  
**d** Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 easements during the year  
 ► \_\_\_\_\_**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
 ► \$ \_\_\_\_\_**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No**9** 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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on 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 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**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_**2** If the organization received or held works of art, historical 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**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
*(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes	No
3a(i)	
3a(ii)	
3b	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	105,000			105,000
<b>b</b> Buildings . . . . .	685,288			685,288
<b>c</b> Leasehold improvements . . . . .				0
<b>d</b> Equipment . . . . .	186,998			186,998
<b>e</b> Other . . . . .	70,000			70,000

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ► 1,047,286

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-0850331

**Name:** OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

## Supplemental Information

Return Reference	Explanation
FORM 990, PART X, PAGE 11 BALANCE SHEET, LINE 10B	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION - LOCAL 277 DOES NOT RECORD DEPRECIA TION ON ITS FIXED ASSETS, BUT RATHER RECOGNIZES THE PURCHASE OF FIXED ASSETS AS A CAPITAL OUTLAY IN THE YEAR OF PURCHASE THE VALUE OF THE LAND ORIGINALLY PURCHASED WITH THE MAIN O FFICE BUILDING IN THE 1980'S IS INCLUDED IN THE COST OF THE BUILDINGS THE FIXED ASSETS-OT HER ASSETS ARE IMPROVEMENTS TO THE PARKING LOT

## Schedule I (Form 990)

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

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

**► Attach to Form 990.**

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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Name of the organization

OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

**Employer identification number**

75-0850331

## **Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 DOES NOT AWARD GRANTS, AS GRANTS ARE TYPICALLY DEFINED. THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 REVIEWS ANY REQUESTS FOR ASSISTANCE TO U.S. BASED ORGANIZATIONS WHETHER SUCH REQUEST COMES DIRECTLY FROM MANAGEMENT, MEMBERS, OR FROM SOMEONE ON BEHALF OF THE ORGANIZATION. THE EXECUTIVE BOARD THEN MAKES PROPER INQUIRIES AND REVIEWS APPROPRIATE INFORMATION PERTAINING TO THE ORGANIZATION. THE EXECUTIVE BOARD THEN VOTES AS TO WHETHER OR NOT TO PROVIDE ASSISTANCE TO THE ORGANIZATION. RECORDS SUBSTANTIATING THE AMOUNT OF ASSISTANCE ARE MAINTAINED WITH THE OPEIU-LOCAL 277'S ACCOUNTS PAYABLE VOUCHERS WHICH ARE AVAILABLE FOR REVIEW BY THE EXECUTIVE BOARD AT THE EXECUTIVE BOARD MEETINGS.

**Additional Data****Software ID:****Software Version:****EIN:** 75-0850331**Name:** OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHOOT FOR A CURE 1345 YOSEMITE CIRCLE OAKLEY, CA 94561	80-0171936	501(C)(3)	12,000		NOT APPLICABLE	NOT APPLICABLE	TO AID IN CANCER RESEARCH AND ASSIST INDIVIDUALS WITH CANCER
GUIDE DOGS OF AMERICA 13445 GLENOAKS BOULEVARD SYLMAR, CA 91342	95-1586088	501(C)(3)	6,000		NOT APPLICABLE	NOT APPLICABLE	TO TRAIN AND PROVIDE GUIDE DOGS AT NO CHARGE TO PEOPLE WHO ARE BLIND AND HAVE OTHER EYE SIGHT DEFICIENCIES
TARRANT COUNTY CENTRAL LABOR COUNCIL 4025 Rufe Snow Drive FORT WORTH, TX 76180		501(C)(5)	5,750		NOT APPLICABLE	NOT APPLICABLE	FOOD BANK DRIVE AND SPONSORSHIP OF GOLF TOURNAMENT TO RAISE MONEY TO SUPPORT LABOR EFFORT IN TARRANT COUNTY AND TEXAS IN CONJUNCTION WITH THE TEXAS AFL/CIO

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED FARM WORKERS POST OFFICE BOX 62 KEENE, CA 93531		501(C)(5)	7,500		NOT APPLICABLE	NOT APPLICABLE	SUPPORT OF THE AGRICULTURAL AND FARM INDUSTRY WITHIN THE UNITED STATES
OPEIU-INTERNATIONAL RELIEF FUND 80 EIGHTH AVENUE-6TH FLOOR NEW YORK, NY 10011	53-0175463	501(C)(5)	10,000		NOT APPLICABLE	NOT APPLICABLE	SPECIAL RELIEF FUND CONTRIBUTION FOR MEMBERS WHO WERE VICTIMS OF THE BATON ROUGE, LA FLOODING

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

Employer identification number

75-0850331

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?  
**b** Any related organization?  
 If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?  
**b** Any related organization?  
 If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BECKY TURNER PRESIDENT/BUSINESS MANAGER	(i) 117,288 ----- 10,040	0 ----- 0	0 ----- 0	28,345 ----- 0	8,555 ----- 0	154,188 ----- 10,040	0 ----- 0
	(ii)						
2 TYLER L TURNER REC SECRETARY & BUSINESS REP	(i) 84,361 ----- 0	94,026 ----- 0	0 ----- 0	19,625 ----- 0	32,270 ----- 0	230,282 ----- 0	0 ----- 0
	(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	<p>NO TAX INDEMNIFICATION IS PROVIDED TO ANY PERSON WHO QUALIFIES AS AN OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE, OR HIGHEST COMPENSATED EMPLOYEE OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277'S EXECUTIVE BOARD DETERMINED MANY YEARS AGO THAT IT DID NOT WANT TO PROVIDE OPEIU-LOCAL 277 OWNED VEHICLES TO OFFICERS OR EMPLOYEES EVEN THOUGH THEIR JOB REQUIRED THE USE OF A VEHICLE. THIS ACTION WAS RATIFIED BY THE MEMBERSHIP OF OPEIU-LOCAL 277. INSTEAD, THREE OFFICERS WHO USE THEIR VEHICLES FOR THE BUSINESS OF OPEIU-LOCAL 277 ROUTINELY ARE GIVEN OCCASIONAL BONUSES AS ADDITIONAL COMPENSATION IN LIEU OF PROVIDING OPEIU-LOCAL 277 OWNED VEHICLES TO THESE OFFICERS. DOCUMENTATION FOR THESE AMOUNTS TO BE REIMBURSED ARE PROVIDED BY EACH RESPECTIVE OFFICER. THIS POLICY HAS BEEN APPROVED BY THE EXECUTIVE BOARD, TOGETHER WITH THE EXECUTIVE BOARD'S APPROVAL FOR THE AMOUNTS TO BE "GROSSED UP" FOR TAXES IN ORDER THAT THE OFFICERS INVOLVED ARE NOT PENALIZED IN THEIR TOTAL COMPENSATION PACKAGE. THE AMOUNTS EXPENDED ARE APPROVED BY THE EXECUTIVE BOARD WHEN THE ACCOUNTS PAYABLE VOUCHERS ARE APPROVED AT REGULAR EXECUTIVE BOARD MEETINGS. THIS FORM OF COMPENSATION IS TAKEN INTO ACCOUNT BY THE EXECUTIVE BOARD IN SETTING THE TOTAL COMPENSATION OF EACH OFFICER AND IT IS INCLUDED IN THE GROSS WAGES OF EACH OFFICER. THE OFFICERS INVOLVED ARE BECKY TURNER, PRESIDENT AND BUSINESS MANAGER, LINDA GONZALEZ, SECRETARY/TREASURER &amp; ASSISTANT BUSINESS REPRESENTATIVE, TYLER TURNER, RECORDING SECRETARY &amp; BUSINESS REPRESENTATIVE.</p>
PART I, LINE 3	<p>ALL SALARIES OF THE OFFICE AND PROFESSIONAL INTERNATIONAL UNION-LOCAL 277 ARE REVIEWED AND APPROVED BY THE GOVERNING BODY OF THE ORGANIZATION, THE EXECUTIVE BOARD. THIS INCLUDES ANY BONUSES AND PAY INCREASES. THE OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 PAYS ANY OFFICER, TRUSTEE, AND/OR EMPLOYEE THAT PERFORMS SERVICES FOR THE ORGANIZATION, BUT DOES NOT PERFORM SERVICES ON A FULL TIME BASIS AND IS EMPLOYED BY ONE OF THE COMPANIES REPRESENTED BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. THE RATE OF PAY THEY ARE PAID BY THEIR EMPLOYER SUCH EMPLOYER WILL BE A BARGAINING UNIT MEMBER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 AND SUCH EMPLOYEE WILL BE A MEMBER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277.</p>

**Schedule L**  
(Form 990 or 990-EZ)

## **Transactions with Interested Persons**

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ.

► **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2015

## Open to Public Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

**Employer identification number**

75-0850331

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

5 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . .

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Total  

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				<table border="1" data-bbox="1551 205 1944 219"> <tr> <td data-bbox="1551 205 1652 219">Yes</td><td data-bbox="1652 205 1944 219">No</td></tr> </table>	Yes	No
Yes	No					

### See Additional Data Table

Part V Supplemental Information

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

**Provide additional information for responses to questions on Schedule E (see instructions)**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-0850331  
**Name:** OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BECKY TURNER	PRES & BUS MGR		TYLER L TURNER, THE SON OF BECKY TURNER- PRESIDENT AND BUSINESS MANAGER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION- LOCAL 277 IS EMPLOYED BY THE ORGANIZATION HE WAS HIRED AND HIS SALARY WAS SET BY AN ACTION OF THE EXECUTIVE BOARD, THE GOVERNING BODY, OF THE ORGANIZATION ANY SALARY INCREASES OR CHANGE OF DUTIES HAVE BEEN APPROVED BY THE EXECUTIVE BOARD SINCE HE HAS BEEN ON STAFF HIS POSITION AS RECORDING SECRETARY OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION- LOCAL 277 IS SUBJECT TO ELECTION BY THE IN EXCESS OF 6,800 MEMBERS OF THE ORGANIZATION IN THE MOST RECENT ELECTION, HE WAS ELECTED BY ACCLAMATION WITHOUT OPPOSITION		No
(1) BECKY TURNER	PRES & BUS MGR		BECKY TURNER, PRESIDENT AND BUSINESS MANAGER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277, SERVES AS THE VICE PRESIDENT OF REGION 4 FOR THE INTERNATIONAL OFFICE OF THE ORGANIZATION, OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-INTERNATIONAL OFFICE THIS POSITION SERVES AS THE REPRESENTATIVE FOR THE LOCAL UNIONS IN REGION 4 TO OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-INTERNATIONAL OFFICE AND IS ELECTED BY THE MEMBERS OF REGION 4 THE FINANCIAL TRANSACTIONS BETWEEN OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION- LOCAL 277 AND OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-INTERNATIONAL OFFICE ARE WITHIN THE ORDINARY COURSE OF THE RELATIONSHIP BETWEEN THE TWO ORGANIZATIONS AND ARE INCLUDED ON FORM 990, PART IX, PAGE 10, LINE 21, PAYMENTS TO AFFILIATES BECKY TURNER DID RECEIVE COMPENSATION IN THE AMOUNT OF \$10,040 FOR HER SERVICE AS VICE PRESIDENT OF REGION 4 FOR CALENDAR YEAR 2015, THE REPORTING PERIOD FOR SALARIES ON FORM 990		No
(2) BECKY TURNER	PRES & BUS MGR		BECKY TURNER, PRESIDENT AND BUSINESS MANAGER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277, SERVED ON THE EXECUTIVE COMMITTEE OF SHOOT FOR A CURE, ONE OF THE ORGANIZATIONS THAT WAS GIVEN MONEY BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 DURING THE FISCAL YEAR THIS EXECUTIVE COMMITTEE POSITION WAS ONLY IN REGARD TO THE ANNUAL FUNDRAISER AND DID NOT INVOLVE ANY COMPENSATION TO BECKY TURNER, VOTING RIGHTS OR ANY OTHER INVOLVEMENT IN THE DAY TO DAY OPERATIONS OR BUSINESS OF THIS 501(C)(3) ORGANIZATION		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) TYLER TURNER	RECORDING SECRETARY AND BUSINESS REPRESENTATIVE		TYLER TURNER, BUSINESS REPRESENTATIVE AND RECORDING SECRETARY OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 WAS A BOARD MEMBER OF THE TARRANT COUNTY CENTRAL LABOR COUNCIL AND A BOARD MEMBER OF THE TEXAS AFL/CIO, TWO OF THE ORGANIZATIONS TO WHICH OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 MADE DONATIONS OR SPONSORED EVENTS HONORING LABOR LEADERS DURING THE FISCAL YEAR IN ORDER TO PROMOTE ORGANIZED LABOR IN TARRANT COUNTY AND THE STATE OF TEXAS, THE DOMICILE OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 THERE IS NO COMPENSATION OR ANY MONETARY BENEFIT RECEIVED BY BEING A MEMBER OF EITHER OF THESE BOARDS THESE ARE VOLUNTEER POSITIONS		No
(1) N LINDA GONZALEZ	SECRETARY TREASURER AND ASSISTANT BUSINESS MANAGER		LINDA GONZALEZ IS SECRETARY/TREASURER AND ASSISTANT BUSINESS MANAGER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 HER HUSBAND IS A VOLUNTEER FOR COWBOY SANTAS IN FORT WORTH, TEXAS OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 MADE A SMALL DONATION IN THE AMOUNT OF \$350 TO COWBOY SANTAS OF FORT WORTH, TEXAS DURING THE FISCAL YEAR		No
(2) BECKY TURNER	PRES & BUS MGR		BECKY TURNER, PRESIDENT AND BUSINESS MANAGER OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 SERVES ON THE EXECUTIVE BOARD OF COMMUNITY LEARNING CENTER, A TAX EXEMPT ORGANIZATION THE SERVICE ON THE BOARD OF COMMUNITY LEARNING CENTER IS A VOLUNTEER POSITION WITH NO COMPENSATION THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 VOTED TO MAKE A \$5,000 CONTRIBUTION TO THIS ORGANIZATION DURING THE FISCAL YEAR ENDED OCTOBER 31, 2016		No

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**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.

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

**2015****Open to Public  
Inspection**Name of the organization  
OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277**Employer identification number**

75-0850331

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THE FISCAL YEAR ENDED OCTOBER 31, 2016, OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 ENTERED INTO A MERGER AGREEMENT TO ACQUIRE AND REPRESENT THE MEMBERSHIP OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 320. THIS AGREEMENT WAS EFFECTIVE JANUARY 1, 2016. AT THIS TIME OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 320 CEASED TO EXIST AS AN OPERATING OR REPORTING ENTITY AND ALL OF ITS MEMBERS BECAME MEMBERS OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. THE ONLY ASSET OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 320 TRANSFERRED TO OPEIU-LOCAL 277 WAS CASH. THE CASH TRANSFERRED AFTER ALL OUTSTANDING DEBTS AND LIABILITIES OF OPEIU-LOCAL 320 WERE PAID IS SHOWN ON FORM 990, PART XI, LINE 9 RECONCILIATION OF NET ASSETS. THIS IS NOT REGARDED BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 AS A NEW PROGRAM SERVICE SINCE REPRESENTATION OF EMPLOYEES WITH THEIR RESPECTIVE EMPLOYERS HAS ALWAYS BEEN AND CONTINUES TO BE THE PRIMARY FUNCTION OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. THIS IS SIMPLY ADDITIONAL MEMBERS THAT WILL NOW BE REPRESENTED BY OPEIU-LOCAL 277.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 EMPLOYS THE SON OF THEIR PRESIDENT. IN MAY OF 2011, THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES UNION-LOCAL 277 HIRED/PROMOTED THE SON TO BE THE BUSINESS REPRESENTATIVE OF THE ORGANIZATION THEREBY RECOGNIZING HIM AS KEY TO THE OPERATION BECAUSE OF THE EXPERIENCE HE HAS GAINED AND THE ABILITIES THAT HE HAS SHOWN IN HANDLING GRIEVANCES, NEGOTIATIONS, AND ALL RELATED ACTIVITIES OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. HIS SALARY, BENEFITS, AND ANY APPLICABLE BONUSES ARE SET BY THE EXECUTIVE BOARD IN THE SAME MANNER AS OTHER EMPLOYEES OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 THAT ARE SIMILARLY SITUATED. IN MARCH OF 2014, THE EXECUTIVE BOARD APPOINTED THE SON OF THE PRESIDENT TO THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 TO COMPLETE THE UNEXPIRED TERM OF THE RECORDING SECRETARY THAT RESIGNED DURING THAT FISCAL YEAR. AT THAT TIME, THE SON OF THE PRESIDENT ASSUMED AN OFFICER POSITION BY ACTION OF THE EXECUTIVE BOARD AND RATIFIED BY THE MEMBERSHIP. DURING THE REGULAR ELECTION OF OFFICERS AND TRUSTEES IN OCTOBER OF 2015, THE SON OF THE PRESIDENT WAS DULY ELECTED BY ACCLAMATION BY THE ENTIRE MEMBERSHIP OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. THUS MAKING HIS SERVICE ON THE EXECUTIVE BOARD SUBJECT TO ELECTION BY THE MEMBERSHIP EVERY THREE YEARS AS ARE ALL MEMBERS OF THE EXECUTIVE BOARD. THE MEMBERSHIP AND THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 WANTS TO ENSURE THAT THE PRESIDENT'S SON BECOMES WELL SEASONED IN THE MANAGEMENT OF LOCAL 277 IN ORDER TO PROVIDE CONTINUITY OF OPERATIONS OVER THE NEXT SEVERAL YEARS. AS OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 HAS GROWN DURING RECENT YEARS, THE PRESIDENT'S SON HAS GRADUALLY BECOME MORE INVOLVED IN THE OPERATIONS BY TAKING OVER MANY OF THE REPRESENTATION TASKS FOR THE VARIOUS COMPANIES REPRESENTED BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277.

## **990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 IS GOVERNED BY THE ENTIRE EMPLOYEE MEMBERS FROM WITHIN THE VARIOUS COMPANIES REPRESENTED THESE MEMBERS ELECT THE TRUSTEES AND OFFICERS OF ITS GOVERNING BODY, THE EXECUTIVE BOARD

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 ELECT THE OFFICERS, THE TRUSTEES, AND MEMBERS AT LARGE OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 WHICH COMPRISE THE GOVERNING BODY, THE EXECUTIVE BOARD

## **990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 APPROVE THE ACTIONS OF THE ORGANIZATION'S GOVERNING BODY, THE EXECUTIVE BOARD

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 FILED BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT ENGAGED BY THE EXECUTIVE BOARD, THE GOVERNING BODY OF OPEIU-LOCAL 277. THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT GOES OVER THE COMPLETED FORM 990 IN DETAIL WITH THE SECRETARY/TREASURER OF OPEIU-LOCAL 277. THE SECRETARY/TREASURER OF OPEIU-LOCAL 277 THEN MAKES A DETAILED REPORT TO THE EXECUTIVE BOARD REGARDING THE COMPLETED FORM 990.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY OR WHISTLEBLOWER POLICY. HOWEVER, THE GOVERNING BODY OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277, WHICH IS THE EXECUTIVE BOARD, ACTS UPON ALL MAJOR AGREEMENTS, ACQUISITIONS, AND CONTRACTS AND ARE TOLD OF ANY POTENTIAL CONFLICTS AT THAT TIME. OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 EXECUTIVE BOARD AND OFFICERS MAKE EVERY ATTEMPT TO AVOID ANY SITUATIONS OR TRANSACTIONS THAT COULD BE VIEWED AS A CONFLICT OF INTEREST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF ALL EMPLOYEES, WHETHER THE EMPLOYEE IS FULL TIME OR PART-TIME, INCLUDING THE TOP MANAGEMENT, PRESIDENT, BUSINESS MANAGER, BUSINESS REPRESENTATIVE, AND SECRETARY/TREASURER ARE SET BY THE INDEPENDENT EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277. THE EXECUTIVE BOARD UTILIZES COMPARABILITY DATA AND OTHER FACTORS IN DETERMINING THE APPROPRIATE PAY RATES. SHOULD A MEMBER NOT REGULARLY EMPLOYED BY OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 PERFORM SERVICES FOR OPEIU-LOCAL 277, SUCH MEMBER IS PAID FOR TIME SPENT ON OPEIU-LOCAL 277 UNION'S BUSINESS, SUCH AS SERVING ON A COMMITTEE, ETC., AT THE SAME PAY RATE AS THEY ARE PAID BY THEIR EMPLOYER, COMMONLY KNOWN AS LOST TIME OR CLOCK-TIME.

## **990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 1023 UNDER WHICH OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 IS EXEMPT IS MADE AVAILABLE UPON REQUEST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 MAKES ALL DOCUMENTS OPEN TO PUBLIC INSPECTION AVAILABLE UPON REQUEST. AN AGREED UPON PROCEDURES REPORT IS PERFORMED EACH FISCAL QUARTER BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THESE PROCEDURES INCLUDE A COMPREHENSIVE REVIEW OF THE FINANCIAL TRANSACTIONS OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 FOR THE QUARTER. THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT'S REPORT FOR EACH QUARTER IS REVIEWED BY THE EXECUTIVE BOARD.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	GENE PATTON - 10208 FIELDCREST DRIVE, BENBROOK, TX 76126 RAMONA ALEXANDER- 337 HILLVIEW DRIVE, HURST, TX 76054 DEANDRA CEPHUS - 5727 ROXANNE DRIVE, WACO, TX 76710 JACKIE CURRY - POST OFFICE BOX 954, JOSHUA, TX 76058 KIMBERLY K WHITEMAN - 806 E BLUEBERRY CIRCLE, K EARNEY, MO 64060

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, PAGE 7, COLUMN (F)	ALL OTHER COMPENSATION INCLUDED IN COLUMN (F) IS FROM OFFICE AND PROFESSIONAL EMPLOYEES IN INTERNATIONAL UNION-LOCAL 277 THESE AMOUNTS ARE REPORTED FOR THE PERIOD OF CALENDAR YEAR 20 15 TO MAKE CONSISTENT REPORTING SINCE SALARIES FOR THIS SECTION ARE REPORTED ON THE 2015 C ALENDAR YEAR FORM W-2 AMOUNTS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	401(K) ADMINISTRATION 5,885 MISCELLANEOUS FEES NOT INCLUDED IN OTHER CATEGORIES 4,340

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT, LINE 8B	NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE EXECUTIVE BOARD OF OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION-LOCAL 277 COMMITTEES ARE REQUESTED TO EXAMINE OR INVESTIGATE CERTAIN SITUATIONS AND REPORT THEIR FINDINGS BACK TO THE EXECUTIVE BOARD. THE EXECUTIVE BOARD THEN DOCUMENTS THEIR FINDINGS IN THE MINUTES OF THE EXECUTIVE BOARD MEETINGS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CHANGE-ACCOUNTS PAYABLE ON BALANCE SHEET/NOT ON REVENUES & EXPENDITURES -12,731 CASH RECEIVED FROM MERGER WITH OPEIU-LOCAL 320 OF MISSOURI 176,519

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

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

► Attach to Form 990

► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OFFICE & PROFESSIONAL EMPLOYEES  
INTERNATIONAL UNION-LOCAL 277

**Employer identification number**

75-0850331

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

**Part IV 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.

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	<b>Yes</b>	<b>No</b>
<b>1a</b>		<b>No</b>
<b>1b</b>		<b>No</b>
<b>1c</b>		<b>No</b>
<b>1d</b>		<b>No</b>
<b>1e</b>		<b>No</b>
<b>1f</b>		<b>No</b>
<b>1g</b>		<b>No</b>
<b>1h</b>		<b>No</b>
<b>1i</b>		<b>No</b>
<b>1j</b>		<b>No</b>
<b>1k</b>		<b>No</b>
<b>1l</b>		<b>No</b>
<b>1m</b>		<b>No</b>
<b>1n</b>		<b>No</b>
<b>1o</b>		<b>No</b>
<b>1p</b>	<b>Yes</b>	
<b>1q</b>	<b>Yes</b>	
<b>1r</b>	<b>Yes</b>	
<b>1s</b>		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) NOT APPLICABLE - NO CONTROLLED ORGANIZATIONS UNDER IRC SEC 512(B)(1)			

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

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

**Part VII      Supplemental Information**

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

Return Reference	Explanation