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Form **990**

Return of Organization Exempt From Income Tax

DLN: 93493153011257 OMB No 1545-0047

2016

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 greatered.

nterna	l Revent	the Treasurv ue Service	► Information about	Form 990 and its instructions is	at <u>www</u>	IRS gov/forr			Open to Public Inspection
			lendar year, or tax year beginr C Name of organization	ing 01-01-2016 , and ending	g 12-31	-2016	1 5		
□ Ad	ck if app dress ch me chai	nange	INTERNATIONAL UNION OF OPERATION OF OPERATION OF A CONTROL OF THE ENGINEERS LOCAL UNION 478	NG			06-0401		ication number
□ Ini	tıal retu	-	Doing business as						
	n/termi		Number and street (or P O box if ma	I is not delivered to street address) F	Room/suit	e	E Telephon	e number	
	iended i plication	return n pending _	1965 DIXWELL AVENUE	,			(203) 28	88-9261	
·			City or town, state or province, count HAMDEN, CT 06514	ry, and ZIP or foreign postal code			G Gross red	ceipts \$ 6	.985,489
			F Name and address of principal	officer		H(a) Is thi	s a group ret	urn for	
						suboi	rdinates? Il subordinat		□Yes ☑No
Ta	k-exem	pt status	☐ 501(c)(3) ☑ 501(c)(5) ◄ (nsert no)	1 527	includ	ded?		Yes No
W	ebsite	:: ► local		1377(4)(1731	. 327		p exemption	•	•
Forr	n of org	janization	☐ Corporation ☐ Trust ☐ Assoc	lation ☑ Other ►		L Year of form	ation 1911	M State	of legal domicile CT
Pa	rt I	Sumn	narv						
			ribe the organization's mission or	most significant activities					
บ		EE SCHED							
2	_								
Ç E	=								
anvelliance	, ,	heck this	box ▶ ☐ If the organization disc	ontinued its operations or dispos	sed of mo	ore than 25%	რ of its net as	ssets	
			voting members of the governing					З	18
ACTIVITIES &	4 1	Number of	independent voting members of	the governing body (Part VI, line	1b) .			4	10
<u> </u>	5 ⊺	Total num	ber of individuals employed in cale	endar year 2016 (Part V, line 2a)				5	15
5	6 ⊺	Total num	ber of volunteers (estimate if nece	essary)				6	
ر •	l		lated business revenue from Part					7a	0
	l		ted business taxable income from					7b	
						Pr	ior Year	1	Current Year
	8 (Contribution	ons and grants (Part VIII, line 1h)						0
Rəvenue	l		ervice revenue (Part VIII, line 2g)				5,795,1	18	5,950,292
<u> </u>	l	-	it income (Part VIII, column (A), l				20,2	_	12,344
ď	l		enue (Part VIII, column (A), lines !	•	•		88,9		115,624
	l		nue—add lines 8 through 11 (mus		- 12\		5,904,2		6,078,260
			d similar amounts paid (Part IX, co		e 12)		3,501,2	-	0,070,200
			, , ,	, ,,				_	
	l	·	aid to or for members (Part IX, co				2 270 0		0
Expenses		•	ther compensation, employee ber	, , , , , , , , , , , , , , , , , , , ,	5-10)		3,378,0	135	3,590,451
Ë			ial fundraising fees (Part IX, colun	, ,,	•			_	0
Ř	l		ising expenses (Part IX, column (D), lin	·	_				
ш		•	enses (Part IX, column (A), lines 1	· · · · · ·			2,215,6		2,333,529
		•	nses Add lines 13–17 (must equa	, , , , , , ,			5,593,6	_	5,923,980
/8	19 R	Revenue le	ess expenses Subtract line 18 fro	m line 12	•		310,6	_	154,280
Net Assets of Fund Balances						Beginning	of Current Y	ear	End of Year
200	20 ⊺	Total asset	ts (Part X, line 16)		•		4,827,7	'38	4,962,021
<u> </u>	21 ⊺	Total liabil	ities (Part X, line 26)				163,8	301	136,894
217	22 N	Net assets	or fund balances Subtract line 2	I from line 20			4,663,9	37	4,825,127
Par	t II	Signa	ture Block			_			
			rjury, I declare that I have exami						
	nowled		, it is true, correct, and complete	Declaration of preparer (other tr	ian onice	er) is based t	on an inionna	ation of v	vilicii preparei nas
	ı	l k							
		******	re of officer			201 Dat	17-06-02		
ign		y Signatur	e of officer			Dat	i.e		
lere	:		METZ Business mgr						
		V	print name and title		,				
	_		nt/Type preparer's name ROL WESTFALL	Preparer's signature CAROL WESTFALL	Da			PTIN 200539069	•
Paid		<u> </u>				self	f-employed		
Pre	oarei	l	m's name Schultheis & Panettieri L	LP			m's EIN ►	777 4	
Jse	Only	y	m's address ▶ 210 Marcus Boulevard			Pho	one no (631) 2	2/3-4/78	
			Hauppauge, NY 117883	740					
1ay t	he IRS	discuss t	his return with the preparer show	n above? (see instructions) .				✓ Y	′es 🗌 No
or P	aperw	vork Red	uction Act Notice, see the sepa	rate instructions.		Cat No :	11282Y		Form 990 (2016)

Form	990 (2016)				Page 2						
Par	t IIII Statem	nent of Program Service Acc	omplishments								
	Check If	Schedule O contains a response or	note to any line in this Part III		🗆						
1		the organization's mission									
SEE	SCHEDULE O										
2	Did the organiza	ation undertake any significant prog	ram services during the year wh	ich were not listed on							
	the prior Form 9	990 or 990-EZ?			☐ Yes ☑ No						
	If "Yes," describ	oe these new services on Schedule ()								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services? .				☐ Yes 🗹 No						
	If "Yes," describ	e these changes on Schedule O									
4	Section 501(c)(ganization's program service accom 3) and 501(c)(4) organizations are revenue, if any, for each program se	required to report the amount of								
	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	•	OF THE UNION AS THE REPRESENTATIVE			•						
		CTIVE BARGAINING, EDUCATION, TRAINI ALL DISPUTES WHICH MAY ARISE BETWE		ESTABLISH NECESSARY PROCEDURES F	OR THE AMICABLE						
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	}						
70	(couc	, (Expenses \$	merdaning grantes or \$, (Nevende \$,						
					_						
					_						
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	-										
4d	Other program	services (Describe in Schedule 0)									
τu	(Expenses \$	including g	rants of \$) (Revenue \$)						
4e		ı service expenses ▶	-: T	, ,							
76	o.u. program	. Jo. Tide expenses r			Form 990 (2016)						

Yes

Yes

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No

Checklist of Required Schedules

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

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

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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?

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?

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?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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? 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 🛸

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? 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 🔧

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

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

18 19 Form **990** (2016)

29

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	

20b

Yes

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25b

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Yes

Yes

Yes

Form 990 (2016)

No No

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No

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Nο

Page 4

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00	1 1		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	;		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
·	21 Yes, to line su of ss, and the organization me form occor	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		No
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		0 (2016)

-orm	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
		$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18	(
	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 10			
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	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its 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 DOROTHY SINISCALCHI 1965 DIXWELL AVENUE HAMDEN, CT 06514 (203) 288-9261			

Part VII

(1) GARRY GYENIZS

Pres/Bus Agt

VP/Bus Agt

Business mgr

Treas/Bus Agt

FIN SEC/BUS AGT

(7) DUANE GATES

REC SEC/BUS AGT

(8) JESSICA CYR

EXECUTIVE BOARD

EXECUTIVE BOARD

(10) JAMES KOCH JR

EXECUTIVE BOARD

EXECUTIVE BOARD

(12) MICHAEL GATES

(13) SCOTT SWICK

TRUSTEE/BUS AGT

(15) MIKE BRIGGS

(16) JUSTIN PAOLONI JR

(17) MICHAEL KELLEY

(14) JOSEPH CAMPOLI

TRUSTEE/ORG

AUDITOR

AUDITOR

auditor

GUARD

(11) JAMES PASCARELLA

(9) DENNIS SHUGRUE

(6) TIM SEGA

Trustee

(2) ALLEN PAGE

(3) CRAIG J METZ

(4) NATHAN BROWN

(5) CHRISTOPHER COZZI

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Form 990 (2016)

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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

50.00

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Check this box if neither the organization no	or any related or	ganızat	ion c	ompe	ensat	ted any o	current officer, dire	ctor, or trustee	
(A)	(B)			(C)			(D)	(E)	
Name and Title	Average	Positio	n (do	not	chec	k more	Reportable	Reportable	
	hours per	tha	n on	e box	c, un	less	compensation	compensation	a
	week (list	person is both an officer				officer	from the	from related	1
	any hours and a director/trustee)						organization	organizations	
	for related	o		ы	x 1	1. 1 -	(W- 2/1099-	(W- 2/1099-	01
	organizations	옥플	'n	L¥⊟	6 E	뚫기	MISC)	MISC)	1

(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck mo nless office ustee)	r	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimate amount of compensa from th
	for related organizations below dotted line)	individual trustee or director	Institutional Trust	<u>0</u>	key employee	Highest compens employee	Former			organizatioi relatec organizati

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perso	n on on is	e bo both	t che x, u n an	eck ession employee Highest compensated	er	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		х				170,377	0	98,161

170,474

239,805

172,811

170,676

169,876

0

0

0

81,336

168,589

0

Part VII

(C)

Compensation

Form 990 (2016)

(B) Description of services Page 8

(A) Name and Title	(B) Average hours per week (list any hours for related	than c	ne b	ox, ι n of or/t	t ch unle: ficer	and a	son	compensation compensation from the from relation (W- organization (W- 2/1000 MISC)		e Estirion amount compering from		of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-1413C)	MISC)		relat organiz	ted
(18) MICHAEL RAPUANO	1 00			x				o		0		0
CONDUCTOR (19) kyle zimmer	0 00 50 00									\dashv		
dir health & safe	0 00					×		174,289		0		98,161
(20) ANNA M YOUNG-TORELLO	50 00					l				\exists		
Secr to PRESIDENT	0 00	••••				Х		119,895		0		86,798
(21) tiana ocasio-nesmith	50 00					×		115,598		0		85,580
asst referral mgr	0 00					^		113,330		$ \parallel $		
-										\neg		
										\dashv		
										_		
1b Sub-Total			•	•	1	•				\perp		
c Total from continuation sheets to Part	•			•	}	`		1,753,726		+		1,050,281
d Total (add lines 1b and 1c)						-		. ,				1,030,201
2 Total number of individuals (including bu of reportable compensation from the org		those III	sted a	abov	/e) v	vho re	ceivi	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for						e, or h	-		nployee on	3		No
For any individual listed on line 1a, is the organization and related organizations grandividual									he 	4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If	•				•			-		5		No
Section B. Independent Contractors	 6										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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Name and business address

compensation from the organization ▶ 0

(C)

	90 (2016)					Page 9
art	Statement of Revenue			-		
	Check if Schedule O contains a res	ponse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns 1a			revenue		512-514
ह ह						
ran oui	b Membership dues 1b					
ە E	c Fundraising events 10					
i#ts ar ∤	d Related organizations					
≘ د	e Government grants (contributions)					
ons Sii	f All other contributions, gifts, grants, and similar amounts not included					
ie E	above 1f					
Contributions, Giffs, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$					
3 E	h Total.Add lines 1a-1f	<u> ▶</u>	0			
je.	_	Business	Code			
หะน	2a MEMBER DUES		813930 5,7	759,479 5,75	9,479	
æ	b RENTAL INCOME FROM AFFIL		531120 1	190,813	0,813	
4CE	c ———					
Şer	d					
Ē	e ———					
Program Service Revenue	${f f}$ All other program service revenue					L
ď	9Total. Add lines 2a-2f	▶ 5,9	50,292			
	3 Investment income (including dividends	, interest, and other	26.47			26 174
	sımılar amounts)		36,17	0		36,174
	4 Income from investment of tax-exempt			0		
	5 Royalties	(II) Personal	<u> </u>			
	6a Gross rents	(II) Personal	-			
			-			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		1	о		
	(ı) Securities	(II) Other				
	7a Gross amount from sales of 883,39	29				
	assets other than inventory	,,,				
	·					
	b Less cost or other basis and 907,2.	29				
	sales expenses C Gain or (loss) -23,8	30	-			
	d Net gain or (loss)	•		o		-23,830
	8a Gross income from fundraising events					
ne	(not including \$ of contributions reported on line 1c)					
Æ		a				
Re	b Less direct expenses	ь				
Other Revenue	${f c}$ Net income or (loss) from fundraising	events 🕨		0		
)th	9a Gross income from gaming activities					
•	See Part IV, line 19	 a				
	b Less direct expenses	ь				
	c Net income or (loss) from gaming activ	/ities	<u>.</u>	о		
	10a Gross sales of inventory, less					
	returns and allowances	a				
	b Less cost of goods sold	b	-			
	-			0		
	c Net income or (loss) from sales of inve	Business Code				+
	11aIUOE SUBSIDY-ORGANIZING	813930	102,18	2 102,182	2	
	b IUOE SUBSIDY-outreach	813930	10,00	0 10,000		1
	c other	900099	3,44	2 3,44;	2	
	outer]			
	d All other revenue					
	e Total. Add lines 11a-11d	•				
			115,62	4		
	12 Total revenue. See Instructions .	· · · · •	6,078,26	0 6,065,916	5	12,344
						Form 990 (2016)

orm 990 (2016)				Page 1 (
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> </u>
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,123,686			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	646,752			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	525,563			
9 Other employee benefits	164,879			
10 Payroll taxes	129,571			
11 Fees for services (non-employees)				
a Management	0			
b Legal	90,503			
c Accounting	37,000			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	4,349			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	72,137			
12 Advertising and promotion	14,704			
L3 Office expenses	161,831			
L4 Information technology	8,889			
L5 Royalties	0			
	209,227			
17 Travel	86,845			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	147,687			
20 Interest	0			
21 Payments to affiliates	517,545			
22 Depreciation, depletion, and amortization	344,094			
23 Insurance	31,904			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	51,501			
a REIMB TO/FROM RELATED ORG	468,000			
b ADS, TICKETS & DONATIONS	93,456			
c TEMPORARY SERV AND AGENCY FEES	37,530			
d MEMBERSHIP ACTIVITY	7,163			
e All other expenses	665			
25 Total functional expenses. Add lines 1 through 24e	5,923,980	0	0	(
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,022,257	1	1,096,199
2 Savings and temporary cash investments	208,206	2	208,466
3 Pledges and grants receivable, net		3	0
4 Accounts receivable, net		4	0

5,724,170

3.812.476

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29

30

31 32

33

34

2,087,155

1.468.378

41.742

6.299

157.502

163,801

4.663.937

4,663,937

4.827.738

4.827.738

250.000

1,911,694

1.482.674

0 0

0

0

0

12.988

6.531

130.363

136.894

4.825.127

4,825,127

4.962.021

Form **990** (2016)

4.962.021

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net

10a

10b

Form 990 (2016)

Assets

11

12

13

14

15

16

17

18

19

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21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6.	078,260
2	Total expenses (must equal Part IX, column (A), line 25)	2			923,980
3	Revenue less expenses Subtract line 2 from line 1	3			154,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			663,937
5	Net unrealized gains (losses) on investments	5			6,910
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 0)	9			
10		10		4,	825,127
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate beconsolidated basis, or both	asis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	Jule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin-	gle			

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

За

3b

Νo

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 06-0401158

Name: INTERNATIONAL UNION OF OPERATING **ENGINEERS LOCAL UNION 478**

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

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

2016 Open to Public

OMB No 1545-0047

DLN: 93493153011257

▶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.

Inspection

• Se • Se • Se • Se • Se • Se • Se	ection 501(c)(3) organizations Cor section 501(c) (other than section 5 section 527 organizations Complet organization answered "Yes" or section 501(c)(3) organizations that section 501(c)(3) organizations that organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under si t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax	Part I-C I-A and C below 90-EZ, Part VI, Imection 501(h)) Coder section 501(h	Do not comp le 47 (Lobby mplete Part I)) Complete	olete Part I-E ing Activiti I-A Do not Part II-B D	B ies), t comp o not	:hen lete Part II-E complete Pa	3 art II-A
	sy Tax) (see separate instruction section 501(c)(4), (5), or (6) organiz							
	ne of the organization	zations Complete Fait in		Ei	mployer id	entifi	cation num	nber
ENG	RNATIONAL ÚNION OF OPERATING INEERS LOCAL UNION 478				5-0401158			
Pari	I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section	527 orgai	nizat	ion.	
1 2	Provide a description of the organ Political expenditures	nization's direct and indirect political cam	npaign activities in	Part IV	•	\$_		
3	Volunteer hours					_		
Part	I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ction 4955		>	\$_		
2	·	ax incurred by organization managers ur			>	\$_		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV I-C Complete if the organ	nization is exempt under sectio	n F01/c) over	nt costion	E01(a)(3	21		
		<u> </u>			201(c)(<u>.</u>		
1 2	· ·	ed by the filing organization for section anization's funds contributed to other or	·		empt	\$ _ \$		
3		es Add lines 1 and 2 Enter here and on	Form 1120-POL,	lıne 17b	•	* _ \$		
4	Did the filing organization fileFori	m 1120-POL for this year?				_	☐ Yes	✓ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organi: olitical organ	zation's fund	ds Als	so enter the	amount
	(a) Name	(b) Address	(c) EIN	filing org funds If	nt paid from anization's none, enter 0-		e) Amount of the contributions and prompt directly delives separate programment of the control o	or received only and vered to a political of the politica
2						_		
3								
4								
5								
6								

	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,00	0		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,000			
	Over \$17,000,000	\$1,000,000				
				_		
g	Grassroots nontaxable amount (enter 25% of					
h	Subtract line 1g from line 1a If zero or less, e	enter -0-				
i	Subtract line 1f from line 1c If zero or less, el					
j	If there is an amount other than zero on eithe section 4911 tax for this year?	1720 reporting		☐ Yes ☐ No		
	(Some organizations that ma	See the separate instru				
	columns below.	See the separate matra	ctions for lines	za tnrougn <i>i</i>	2f.)	, ve
		Expenditures During 4			2f.) 	
		•			(d) 2016	(e) Total
2a	Lobbying Calendar year (or fiscal year	Expenditures During 4	-Year Averaging	Period		
2a b	Lobbying Calendar year (or fiscal year beginning in)	Expenditures During 4	-Year Averaging	Period		

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes

No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

SCHEDULE D

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.

DLN: 93493153011257 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public

	ERNATIONAL UNION OF OPERATING GINEERS LOCAL UNION 478			06-0401158		
	rt I Organizations Maintaining Donor	Advised Funds or Ot	her Similar Fund			
	Complete if the organization answere					
		(a) Donor advised	funds	(b)Funds and	d other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t	advisors in writing that the the organization's exclusiv	e assets held in donc e legal control?	or advised	☐ Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization ar	iswered "Yes" on I	Form 990, Part IV	, lıne 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all th	nat apply)			
	\square Preservation of land for public use (e g , rec	reation or education)	Preservation o	of an historically impo	ortant land area	
	Protection of natural habitat		Preservation of	of a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation	on contribution in the		tion t the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified	historic structure included	ın (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06, a	and not on a historic	2d		
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extingu	iished, or terminated	l by the organization	during the	
4	Number of states where property subject to conse	ervation easement is locate	ed >	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		ng, inspection, handl	ling of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of vic	plations, and enforcir	ng conservation ease	ments during the	e year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violation	ns, and enforcing coi	nservation easement	s during the year	r
8	Does each conservation easement reported on lin	e 2(d) above satisfy the re	equirements of section	on 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea:	of the footnote to the orga				
Par	TIII Organizations Maintaining Collect Complete if the organization answere			Other Similar As	sets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, ec	lucation, or research	ı ın furtherance of pu		of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1			> \$		
(1	ii)Assets included in Form 990, Part X			<u> </u>		_ _
2	If the organization received or held works of art, following amounts required to be reported under					
а	Revenue included on Form 990, Part VIII, line 1	·		▶ \$		
b	Assets included in Form 990, Part X					<u></u>
For	Paperwork Reduction Act Notice, see the Instr	ructions for Form 990.	Cat	No 52283D Sch e	edule D (Form 9	990) 2016

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Ti	reası	ires, oi	· Other	Similar A	ssets (co	ontinued)	
3		the organization's acq (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provid Part X	de a description of the	organızatıon's col	lections and	l explain h	ow the	y furth	ner the	e organız	ation's ex	xempt purpo	ose in		
5		g the year, did the org s to be sold to raise fur									nılar	☐ Yes	. 🗆 r	lo
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amoi	unt on Fo	orm 990,	Part
1a		e organization an agent led on Form 990, Part I		an or other	ıntermedi	ary for	contri	bution	s or othe	er assets	not	☐ Yes	;	lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table				Δ	Mount		_
c		ning balance		·		-				1c				_
d	Addıtı	ons during the year								1d				_
e	Distri	butions during the year	r							1e				
f	Endın	g balance								1f				
2a	Dıd th	ne organization include	an amount on Fo	rm 990, Par	rt X, line 2	21, for	escrow	or cu	ıstodıal a	ccount lia	ability?	☐ Yes		- lo
b	If "Ye	s," explain the arrange											<u>. Ц</u>	
Pa	rt V	Endowment Fun	ds. Complete ıf											
1 a	Beginn	ing of year balance .		(a)Curren	nt year	(b) Pi	rior yea	r	(c)Two y	ears back	(d)Three ye	ars back ((e) Four yea	rs back
b	Contrib	outions												
c	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitions of the second section is a second se	es											
f	Admini	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated perce	ntage of the curre	ent year end	l balance ((line 1g	g, colu	mn (a)) held a	s				
а	Board	l designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment 🕨												
С	Temp	orarily restricted endo	wment 🟲											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		nere endowment funds lization by	not in the posses	sion of the	organizati	on that	are h	eld an	d admını	stered fo	r the		Voc	No.
	-	nrelated organizations										3a	(i) Yes	No
	• •	elated organizations .										3a(
b		s" on 3a(11), are the re		s listed as r	equired o	n Sche	dule R	? .				. 3		
4	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds							
Pa	rt VI	Land, Buildings,												
	Dage	Complete of the or			on Form						m 990, Pai lepreciation		10. I)Book valu	ΙΔ
	Descri	ption of property	(a) Cost or oth (investme		(B)Cost o	oiner	uasis (0	литег) 	(C)Acci	imulated d	epreciation		upook valu	
1a	Land						47	74,350						474,350
b	Building	gs					4,02	20,795			2,950,299			1,070,496
c	Leaseh	old improvements												
d	Equipm	nent					76	59,804			628,759			141,045

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

225,803

1,911,694

233,418

Part VII	Investments—Other Securities. Complete if the oil	rganization answere	ed 'Yes' on Form 990.	Page 3
	See Form 990, Part X, line 12. (a) Description of security or category	(b)Book		
	(including name of security)	value	(c)Method Cost or end-of-y	ear market value
	derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the See Form 990, Part X, line 13.	organization answe	ered 'Yes' on Form 990	, Part IV, line 11c.
	(a) Description of investment	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		>		
Part IX	Other Assets. Complete if the organization answered 'Yes (a) Description	s on Form 990, Part I	V, line 11d See Form 99	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ	rered 'Yes' on Form	990, Part IV, line 11e	▶ or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Book	value	
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions In Part XIII, provide the text of the	footnote to the organ	l nization's financial statem	ents that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the tex	t of the footnote has bee	n provided in Part XIII 🔲

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

Explanation

Schedule D (Form 990) 2015

Return Reference

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 XIII

Schedule D (Fo	orm 990) 2015	Page 5	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -		DLN: 93	19315	3011	257	
Sch	edule J	C	ompensat	tion	Information	10	1B No	1545-0	0047	
(Fori	n 990)		Compens	ated	ees, Key Employees, and High Employees	est	20	16		
		► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.						2016		
•	tment of the Treasury	▶ Information a	bout Schedule .	J (Fo	rm 990) and its instructions is	at	pen t			
	al Revenue Service ne of the organiz	ation	<u>www.irs</u>	s.gov/	<u>/form990</u> . 	Employer identifica		ectio mber	ì	
INT	ERNATIONAL UNION SINEERS LOCAL UNIO	OF OPERATING				06-0401158				
Pa	rt I Questi	ons Regarding Compensa	ition							
1 a					following to or for a person listed evant information regarding these			Yes	<u>No</u>	
	☐ First-class	s or charter travel		Hou	ısıng allowance or residence for p	ersonal use				
	☐ Travel for	companions		Pay	ments for business use of person	al residence				
	Tax idemi	nification and gross-up payment	ts 🔲	Hea	ilth or social club dues or initiation	n fees				
	Discretion	nary spending account		Pers	sonal services (e g , maid, chauffe	eur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab			a written policy regarding payme	ent or reimbursement	1b			
2		ation require substantiation prio ees, officers, including the CEO/I			owing expenses incurred by all garding the items checked in line	la [?]	2			
3					establish the compensation of the	2				
		CEO/Executive Director Check a ed organization to establish com			neck any boxes for methods Executive Director, but explain in	Part III				
	Compens	ation committee			tten employment contract					
		lent compensation consultant	님		npensation survey or study					
	☐ Form 990) of other organizations	Ш	App	roval by the board or compensati	ion committee				
4	During the year related organiza		990, Part VII, Se	ection	A, line 1a with respect to the filin	ng organization or a				
а	Receive a sever	rance payment or change-of-con	itrol payment?				4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqua	alıfıed	retirement plan?		4b		No	
С		or receive payment from, an equ of lines 4a-c, list the persons an			on arrangement? lle amounts for each item in Part	III	4c		No	
5	For persons liste	s), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section contingent on the revenues of			•					
а	The organization	-					5a			
b	Any related orga						5b			
_		5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		l the o	rganization pay or accrue any					
а	The organization	n [?]					6a			
b	Any related orga						6b			
	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section Rescribed in lines 5 and 67 If "Ye			rganization provide any non-fixed	d	7			
8		ints reported on Form 990, Part nitial contract exception describe			ursuant to a contract that was on 53 4958-4(a)(3)? If "Yes," des	scribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organization also follo	ow the rebuttable	e pres	umption procedure described in R	Regulations section	9			
For F	Paperwork Redu	uction Act Notice, see the Ins	structions for F	orm 9	990. Cat No 50	0053T Schedule J	(Form	990)	2016	

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 3 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

Schedule 1 (Form 990) 2016

Additional Data

1ALLEN PAGE

1ANNA M YOUNG-TORELLO

Secr to PRESIDENT

FIN SEC/BUS AGT

3CRAIG J METZ

4DUANE GATES

REC SEC/BUS AGT

5GARRY GYENIZS

Pres/Bus Agt

6kvle zımmer

dır health & safe

7MICHAEL GATES

8NATHAN BROWN

TRUSTEE/ORG

Treas/Bus Agt

9SCOTT SWICK

asst referral mgr

TRUSTEE/BUS AGT

10tiana ocasio-nesmith

Business mgr

2CHRISTOPHER COZZI

VP/Bus Agt

(1)

(II)

(1)

[(II)

(1)

(II)

(1)

(11)

(1)

(11)

Software ID: 16000303

Bonus & incentive

compensation

159,919

115,421

159,919

223,574

159,919

159,919

159,919

73,684

159,919

159,919

110,748

Software Version: 2016v3.0

EIN: 06-0401158 Name: INTERNATIONAL UNION OF OPERATING

4,360

4,562

7,569

3,762

4,263

8,175

2,246

6,697

2,475

654

Other reportable

compensation

compensation

73,097

61,734

73,097

93,227

73,097

73,097

73,097

47,421

73,097

73,097

60,516

(E) Total of columns

(B)(i)-(D)

268,635

206,693

268,837

358,096

268,037

268,538

272,450

153,821

270,972

266,750

201,178

25,064

25,064

25,064

25,064

25,064

25,064

25,064

25,064

25,064

25,064

25,064

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

ENGINEERS LOCAL UNION 4/8				
Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	Highest Compensate	ed Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	

6,195

4,474

6,195

8,662

6,195

6,195

6,195

5,406

6,195

6,195

4,196

rm 990, Schedule J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees
A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits

efile GRAPHIC print - DO NOT PROCESS As Filed Data -				DLN	: 93493153011257	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to provide information for Form 990 or 990-EZ or to provi Attach to Form Information about Schedule O (Form 9	ation to Form 990 or 990-EZ on for responses to specific questions on provide any additional information. of Form 990 or 990-EZ. Form 990 or 990-EZ) and its instructions is at irs.qov/form990.			
Name of the org INTERNATIONAL UI ENGINEERS LOCAL 990 Schedule	tification number					
Return Reference						
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	478E A	G J METZ AND GARRY GYENIZS ARE OFFICERS AND ARE RELATED THROUGH FAMILY AS FIRST G OF THE I U O E LOCAL 478, 478A, 478D, 478E A	COUSINS DUANE GATES AN	D MICHAEL GA	TES ARE OFF	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE GOVERNING BODY (EXECUTIVE BOARD) IS ELECTED BY THE MEMBERSHIP, ALL MEMBERS IN GOOD STA NDING HAVE VOTING RIGHTS, EXCEPT FOR HONORARY MEMBERS

990 Schedule O, Supplemental Information

Return Explanation

ı	Form 990,	SIGNIFICANT DECISIONS OF THE GOVERNING BODY (EXECUTIVE BOARD) ARE SUBJECT TO THE APPROVAL OF THE
ı	Part VI, Line	MEMBERS IN GOOD STANDING
ı	7b Describe	
ı	Decisions of	
ı	Governing	
ı	Body	
ı	Approval by	
	Members or	

Shareholders

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990, Part VI, Line	THE FORM 990 WAS PREPARED IN COORDINATION WITH EMPLOYEES OF THE ORGANIZATION ONCE COMPLET E THE FORM WAS PROVIDED TO AND REVIEWED BY OFFICERS OF THE ORGANIZATION PRIOR TO SUBMISSIO
11b Form	N
990 Review	
Process	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

	IN ACCORDANCE WITH THE ORGANIZATION'S POLICY, INDIVIDUALS HAVE A CONTINUOUS OBLIGATION TO REPORT POTENTIAL CONFLICTS OF INTEREST
12c	<u> </u>
Explanation	<u> </u>
of Monitoring	l l
and	<u> </u>
Enforcement	l l
of Conflicts	!

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
19 Other
Organization
Documents
Publicly
Available

990 Schedule O, Supplemental Information

Doturn

MISSION

Reference	Explanation
FORM 990,	THE OBJECTIVES OF THE UNION AS THE REPRESENTATIVE OF ITS MEMBERS, ARE TO IMPROVE WORKING C
PART I, LINE 1 -	ONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINI
ORGANIZATION	NG AND EMPLOYEE BENEFITS AND TO ESTABLISH NECESSARY PROCEDURES FOR THE AMICABLE ADJUSTMENT

OF ALL DISPUTES WHICH MAY ARISE BETWEEN EMPLOYERS AND EMPLOYEES

Evolunation

990 Schedule O, Supplemental Information

Return

Dafassasa

Reference	
FORM 990,	THE OBJECTIVES OF THE UNION AS THE REPRESENTATIVE OF ITS MEMBERS, ARE TO IMPROVE WORKING C
PART III, LINE 1	ONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINI
-	NG AND EMPLOYEE BENEFITS AND TO ESTABLISH NECESSARY PROCEDURES FOR THE AMICABLE ADJUSTMENT
ORGANIZATION	OF ALL DISPUTES WHICH MAY ARISE BETWEEN EMPLOYERS AND EMPLOYEES
MISSION	

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

PART IV	THE ORGANIZATION RECEIVES AN ANNUAL AUDITED FINANCIAL STATEMENT ON THE MODIFIED CASH BASIS
LINE 12 &	OF ACCOUNTING OF THE COMBINED BOOKS AND RECORDS OF THE ORGANIZATION AND ITS RELATED POLIT
PART XII	ICAL ACTION COMMITTEE
QUESTION 1	

Return Explanation

990 Schedule O, Supplemental Information

LINE 1A

Reference	
PART VII,	THE FULL TIME EMPLOYEES LISTED IN PART VII, SECTION A, LINE 1A ARE REQUIRED TO WORK A MINIMUM OF 50
SECTION A,	HOURS PER WEEK

efile GRAPHIC print - DO NOT PROCESS DLN: 93493153011257 As Filed Data -OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INTERNATIONAL ŪNION OF OPERATING ENGINEERS LOCAL UNION 478 06-0401158 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) 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. (a) (d) (g) (b) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling

Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)OPERATING ENGINEERS LOCAL 478 PAC TO SUPPORT LEGISLATION CT 527 N/A **IUOE 478** 1965 DIXWELL AVENUE FAVORABLE TO LABOR HAMDEN, CT 06514 26-1581915 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2016

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) ercenta owners
					51.7			Yes	No		Yes	No	
												+	
												+	
												\perp	
Identification of Related Orga because it had one or more relate						zation ansv	vered "Yes	" on F	orm 9	90, Part IV,	line		
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) Legal omicile or foreign untry)		entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total Income		(g) e of end- year assets	of- Percei owne	ntage		cont entit
												1 16	es
								+				+	+
												+	+
													_
													\dagger

Schedule K (1 drill 330) 2010			iye J
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		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	,	No
c Gift, grant, or capital contribution from related organization(s)	. 1c	: 1	No
d Loans or loan guarantees to or for related organization(s)	1d	1	No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	,	No
g Sale of assets to related organization(s)	1 g	,	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	1 i	1	No
i lease of facilities, equipment, or other assets to related organization(s)	1i	\top	No

е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
		\Box	

·	20dil 5 di i gali gali antices si i ciatte di gali 2 di di ciatta	-		+
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	1
0	Sharing of paid employees with related organization(s)	10	Yes	\top

f Dividends from related organization(s)	1 1		
1 Dividends from related organization(3)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
l	1 q		No

(b) Transaction

type (a-s)

(c) Amount involved No

No

1r **1**s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

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

(a) Name of related organization

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

was not a related organization. See instructions regarding exclusion for certain investment partitionships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	· · · · · · · · · · · · · · · · · · ·									Schedul	e R (Forn	า 99	0) 2016

