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Department of the Treasury

Return of Organization Exempt From Income Tax

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 made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending 20 C Name of organization United Steelworkers Local Union 1688 D Employer identification number Check if applicable Doing business as Address change 23-1092686 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 717-939-9366 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Steelton, Pa 17113 F Name and address of principal officer **Edward Breach** H(a) Is this a group return for subordinates? Yes No Application pending 200 Gibson St., Steelton, PA 17113 H(b) Are all subordinates included? Tyes No If "No." attach a list (see instructions) **✓** 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status 501(c) (Website: ▶ H(c) Group exemption number ▶ 0260 Form of organization 🗸 Corporation 🗌 Trust ☐ Association ☐ Other ▶ L Year of formation 1945 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The local union enforced the collective bargaining Governance unit agreements to better the working conditions for the members, and to provide representation. 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) . 3 1100 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . 8 Program service revenue (Part VIII, line 2g) 9 508610 398779 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 604 633 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 32270 32297 Total revenue-add lines 8 through 11 (myst equal Rart VIII, column (A), เก็ย ใช้2) 12 541484 431709 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 8915 3250 14 Benefits paid to or for members (Part IX, column (A), line 4) 12499 13935 15 Salaries, other compensation, employee benefits (Part IX, column/(A), lines 5-10) 218280 202024 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 320345 260055 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 560039 479264 19 Revenue less expenses. Subtract line 18 from line 12 -18555 47555 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1053750 1101305 Total liabilities (Part X, line 26) . 21 22 Net assets or fund balances Subtract line 21 from line 20 1038308 1022429 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 AYMOND Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check [] If self-employed **Preparer** Firm's name Use Only Firm's address ▶ Phone no

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

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

art	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,"		Yes	No
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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,	_		1
6	Part III	5		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	11b		1
_	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	11c		✓_
	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	11d		1
	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	· · · · · · ·	14a		✓_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	i	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			000	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		1
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		/
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		
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	240		/
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	_	_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
	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		✓
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		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30	-	✓
0.	Part I	31		1
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		✓
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		
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	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		✓
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.	_	,	
	The second of th	38 Form	· 990	(2016)
		. 0111		(-0,0)

art				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	· · ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			į
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2b	1	
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).	2D	*	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	{	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			 -
7	gifts were not tax deductible?	6b		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			į
	and services provided to the payor?	7a		
b	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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<u></u>
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
a a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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			
46	against amounts due or received from them.)	40		ļ
12a b	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 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
_	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	990	(2016)

Part	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
Secti	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. 🗹			
0001	on A. deventing body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 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.						
ь 2	Enter the number of voting members included in line 1a, above, who are independent 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		1			
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		,			
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	· · · · · · · · · · · · · · · · · · ·						
6	Did the organization have members or stockholders?	6	✓				
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?							
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	1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	-				
b	Each committee with authority to act on behalf of the governing body?	8b	1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)				
			Yes	No			
10a	1 ,	10a		✓			
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		✓			
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	✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1			
13	Did the organization have a written whistleblower policy?	13		✓			
14	Did the organization have a written document retention and destruction policy?	14		✓			
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?						
а	The organization's CEO, Executive Director, or top management official	15a		✓			
b	Other officers or key employees of the organization	15b		1			
16a	,		_				
	with a taxable entity during the year?	16a		✓			
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					
	on 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)			
	☐ 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 int financial statements available to the public during the tax year	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords					
	Edward Breach, 200 Gibson St ,Steelton, PA 17113 717-939-9366						

Form **990** (2016)

							_
Part VII	Compensation of Officers, Directors,	Trustees, K	(ey Employees,	Highest Comp	ensated Emp	ployees, a	ınd
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				((
(A)	(B)	Position				(D)	(E)	(F)			
Name and Title	Average					than c		Reportable	Reportable	Estimated	
Traine and Tibe	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	익호	5	Q	Ž	용포	7	from the	related organizations	other compensation	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the	
	organizations	cto	tion	, T	쀨	st co	4	(W-2/1099-MISC)		organization and related	
	below dotted line)	ੌ ੜੂ	al tr		oye) ag				organizations	
	,	i te	uste		"	ensa				· ·	
			ě			ated					
(1) Robert Butler	4										
(1) Robert Butler Treasurer	 	İ		1				960			
(2) Joseph Hirsch	1	 		Ė							
Guard	† <u>'</u>	1		1				2986			
(3) Darby Runkle	4			<u> </u>							
Trustee	-	İ		1			ŀ	1622			
(4) Maurice Cobb	4		<u> </u>								
Recording Secratary		İ		1				12177			
(5) Robert Crater, Jr.	4										
Trustee				✓				800			
(6) Raymond Napoli	40										
President				✓				31072			
(7) Jeffrey Lebo	111										
Safety Chair	<u> </u>		<u>L</u>	✓				1605			
(8) Edward Breach	4]									
Financial Secretary			<u> </u>	✓				2580			
(9) Patrick McHugh	4										
Vice President			<u> </u>	✓				10340			
(10) Donald Teets	1										
Guide			L	✓			<u> </u>	2258			
(11) LaRue Hess	1						1		1		
Guard		<u> </u>		✓	<u> </u>	ļ		3458			
(12) David Shellenberger	4	1									
Trustee			<u> </u>	✓	<u> </u>		<u> </u>	4030			
(13) Linda Hare	40										
Office Manager			<u> </u>		✓	ļ	otacluster	53486			
(14) Gregory Reese	40										
Grievance Chairman	l		<u> </u>		<u> </u>			23362	<u> </u>		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
						C)				·	1		
	(A)	(B)	(40.5	at ab		ition	than a		(D)	(E)	(F)		
	Name and title	Average					than o		Reportable	Reportable	ible Estimated		
		hours per					or/trust		compensation	compensation from			
		week (list any hours for	오코	اق	Q	<u>چ</u>	9.∓	77	from the	related organizations	I	other pensati	OB
		related	흑	Highesi employ Key em Officer Institut Individi		Former	organization	(W-2/1099-MISC)		om the	J.,		
		organizations	cto	🕏		호	yee c	=	(W-2/1099-MISC)			anizatio	
		below dotted line)	ੇ ਛੋ	a t		Key employee	ğ				1	i related Inization	
		,	Individual trustee or director	Institutional trustee	ļ		en,]	Į.		5.35		
			_	8			Highest compensated employee						
(15)		-			-		<u> </u>		 				
3.1.9/		} -	j								j		
(16)		-			-				 		 		-
(16)		·											
(4.7)		 	-	_		-					 		
(17)			1		1	ĺ		ĺ	į		İ		
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(18)													
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(19)			ļ										
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(20)			1]			1	ì	}				
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(21)		ļ											
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(22)													
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(23)	••	ļ	1						ļ		l		
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(25)		ļ				ļ							
				<u> </u>		L,		Ļ_	<u>-</u>				
1b	Sub-total			•	٠	•	•	•					
C	Total from continuation sheets to Part	VII, Sectio	n A	•		•			<u>150736</u>				
		<u> </u>						<u> </u>	150736				
2	Total number of individuals (including but		to th	ose	e list	ted	above	e) w	ho received m	ore than \$100,00	00 of		
	reportable compensation from the organi	ızatıon ►							·				
												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensate	ed		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvidı	ual	•		· · · · ·	3		1
4	For any individual fisted on line 1a, is the												
	organization and related organizations	greater th	an \$1	150,	,000)? /	f "Ye	s, "	complete Sch	edule J for su	ch		
	ındıvıdual										4		✓
5	Did any person listed on line 1a receive of									ation or individu	ıal	T	
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ıle J f	for s	such person		5		1
Section	n B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more than \$1	00,000 c	of	
	compensation from the organization Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within the o	rganızat	ion's f	tax
	year.												
-	(A)		_					T	(B)		(C	,	
	Name and business address Description of services Compensation												
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	lımı	ed to) th	nose listed abo	ove) who			
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	_						

Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to		Part VIII	<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
ts, (Am	С	Fundraising events <u>1c</u>					
Gif	d	Related organizations 1d			j		
ns, Sim	е	Government grants (contributions) 1e			-		
er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	L		}		
ont	9	Noncash contributions included in lines 1a-1f \$			ļ		
O g	h	Total. Add lines 1a-1f	Business Code				<u> </u>
an e		••					
leve	2a	Members Dues	900099				
Se H	b			344736	344736		
ξ	d			_			
Š	e	•					
Jrar	, F	All other program service revenue .		-			-
Program Service Revenue	g	Total. Add lines 2a–2f	•	344736			
	3	Investment income (including divid					
		and other similar amounts)		632	632		
	4	Income from investment of tax-exempt b	ond proceeds ▶				
	5	ъ	. ` ▶				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses			1		
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u>.</u> . >	54043	54043		
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)	L				
	d	Net gain or (loss)	<u> </u>				ļ
venue	8a	Gross income from fundraising events (not including \$					
Other Reve	:	of contributions reported on line 1c). See Part IV, line 18 a					
ᅙ	l	Less: direct expenses b					_
		Net income or (loss) from fundraising	events >				<u> </u>
	9a	Gross income from gaming activities.	}				
] .	See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming act	ivities F				
	Tua	Gross sales of inventory, less returns and allowances					
		•					
	1	Less: cost of goods sold b					
	<u>c</u>	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code				-
	110	 					
		Social Activity Receipts	900099	4048	4048		
	C	Misc.Reimbursements	900099	3353	3353		
	d	Negotiations Reimbursements All other revenue	900099	24896	24896		+
	e	Total. Add lines 11a–11d		32297			
	12	Total revenue See instructions		32231			

	00 (2016)				Page 10
	X Statement of Functional Expenses	alaka alla alamana Al	V - 4b		· h · · · · · · · · · · · · · · · · · ·
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,		(A)		<u>.</u> (D)
	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic	3250			
	ındıviduals. See Part IV, line 22	0	· — · —		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	13935			
5	Compensation of current officers, directors,				
_	trustees, and key employees	72845			
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	129180			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0_	<u></u>		
9	Other employee benefits	0			
10	Payroll taxes	18099			
11	Fees for services (non-employees)				
a b	Management	5011	<u> </u>		
C	Accounting	0			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			_
13	Office expenses	68437			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	81873			
17 18	Travel	2848			
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	10748			<u> </u>
20	Interest	0			
21	Payments to affiliates	3872			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	10128			
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.)				
а	Caterer, Social Hall Rentals	18571		· · · · · · · · · · · · · · · · · · ·	
b	Social Hall Expenses	12191			
c	Electric Bill	20234	-		
d	Social Activity Expenses	8042			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	479264			
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)				

2 Savings and temporary cash investments	Ľ	art X				
1			Check if Schedule O contains a response or note to any line in thi	<u>ıs Part X </u>	· · · ·	<u> </u>
Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable net						
3 Pledges and grants receivable, net 4 Accounts receivables, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualfied persons (as defined under section 4958f(f)), persons described in section 4958f(f), persons described in section 4958f(g)(g), persons described in section 4958f(g)(g), persons described in section 4958f(g)(g), persons described in section 4958f(g)(g), persons described in 4956(g)(g), and described in 4956(g), and described in 4956(g), and described in 4956(g), and describ		1	Cash—non-interest-bearing	254205	1	206650
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0(1)), persons described in section 4958(0(3)8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Loans asset seems and deferred charges 11 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 34) 1101305 16 105375 17 Accounts payable and accrued expenses 11 Trade assets 12 Trade and the defense and account liability. Complete Part IV of Schedule D 12 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Escrow or custodial account liability and the parties of the defense and other liabilities and tones payable to unrelated third parties 10 Trad		2	Savings and temporary cash investments		2	
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25 26 Total liabilities. Add lines 17 through 25 62997 26 3322		23				
Total liabilities. Add lines 17 through 25					25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26				2221
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			Organizations that follow SFAS 117 (ASC 958), check here ▶ □	and		3321
27 Unrestricted net assets	es					
28 Temporarily restricted net assets	anc	27		1038308	27	1022429
Permanently restricted net assets	3al	1				1022423
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ā					
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ڃ	!			-	
30 Capital stock or trust principal, or current funds	ř					
31 Paid-in or capital surplus, or land, building, or equipment fund	ts c	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds 32	se		• • • • • • • • • • • • • • • • • • • •			
33 Total net assets or fund balances	As	32			32	
34 Total liabilities and net assets/fund balances	Vet	33			33	1022429
	_	34				1053750

orm 99	0 (2016)			Pa	ge 12
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			3170
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	7926
3	Revenue less expenses. Subtract line 2 from line 1	3			4755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	3830
5	Net unrealized gains (losses) on investments	5	10000		
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		+	3167
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		_		
	33, column (B))	10		10	2242
Part	XII 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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın in	ī		
	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	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:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1		
	separate basis, consolidated basis, or both.			-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t]	ļ —	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	,	 	-
	Schedule O			Ì	İ
За	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?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			 	<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		1
				m 99 0	(201

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name 0	uie organization		Employer Identification number
	ocal Union 1688	Charles of the Charle	23-1092686
Par			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and 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 dono		
	funds are the organization's property, subject to t	he organization's exclusive legal contr	rol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	int funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	· · · _ · □ 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		
	Preservation of land for public use (e.g., recrea		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	, ,	
			I I
3	Number of conservation easements modified, trar		
	tax year ▶	3	,
4	Number of states where property subject to conse	ervation easement is located ▶	
5	Does the organization have a written policy re		spection, handling of
-	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspec		
•		oung, nandung of violations, and omoroting	obligation substitution during the year
7	Amount of expenses incurred in monitoring, inspecti	ing handling of violations, and enforcing	conservation easements during the year
•	►\$	ing, handing of violations, and emotoring	conservation easements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	The state of the s	
9	In Part XIII, describe how the organization reports		ss
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		manda diatomento that describes the
Part	_ `		r Other Similar Assets
ı dı	Complete if the organization answered		
10	If the organization elected, as permitted under SI		
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
h			
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar		
	public service, provide the following amounts rela		ducation, or research in furtherance of
	•	_	. •
	(i) Revenue included on Form 990, Part VIII, line 1	1	· · · · • • • • • • • • • • • • • • • •
	(ii) Assets included in Form 990, Part X		· · · · > \$
2	If the organization received or held works of ar		
	following amounts required to be reported under	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		<u>*</u> \$
h	Accets included in Form 000 Port V		~ •

Part						
3	Using the organization's acquisition, collection items (check all that apply)		her recor	ds, check any of th	ne following that are a	a significant use of its
а	☐ Public exhibition		d [Loan or exchang	ge programs	
b	☐ Scholarly research		е [Other		
С	☐ Preservation for future generation	s				
4	Provide a description of the organiza	tion's collections	and expla	in how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization	solicit or receive	donation	e of art historical t	raseurae ar athar ein	nular
J	assets to be sold to raise funds rathe					
Part	IV Escrow and Custodial Arra	angements.				
	Complete if the organization 990, Part X, line 21.				•	
	Is the organization an agent, trustee included on Form 990, Part X?					
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing table:		Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for escrow or c	ustodial account liabi	lity? 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation has been	provided on Part XIII	<u> </u>
Par						
	Complete if the organization					
		(a) Current year	(b) Prid	or year (c) Two yea	rs back (d) Three years b	pack (e) Four years back
1a	Beginning of year balance					
Ь	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses		_			
g	End of year balance		-			
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowme	nt ▶	%	, , ,		
b	Permanent endowment ▶	04				
С	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and		00%.			
3a	Are there endowment funds not in th			zation that are held	and administered for	the
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related of	organizations listed	l as requi	red on Schedule R?		. 3b
4	Describe in Part XIII the intended use	s of the organization	on's endo	wment funds.		
Part	VI Land, Buildings, and Equip	oment.	_			
	Complete if the organization	n answered "Yes	<u>" on For</u>	m 990, Part IV, lin	e 11a. See Form 99	90, Part X, line 10.
	Description of property	(a) Cost or of (investment)		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		18944	18944		18944
b	Buildings	.	601766	601766		601766
C	Leasehold improvements					
d	Equipment		81482	81482		81482
e	Other	·	144908	144908		144908
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 9	90, Part)	(, column (B), line 1	0c.) ▶	847100

Part VII	Investments - Other Securities.	d "Voo" on For	m 900 Part IV III	no 11h. Soo Form	OOO Bort V line 12
	Complete if the organization answere	d Yes on For			
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests			 	
(3) Other					
(A)					
(B)					
(C)		••••			
(D)	······································				
(E)	·····				
(F)					
(G)					
(H)					
Total. (Column (l	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	d "Yes" on For	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		
				Cost or end	-of-year market value
_(1)	_ _				
(2)					
(3)				 	
_(5)			<u> </u>	ļ	
(6)					
_(7)					
_(8)					
(9)	h) must a well form 000. Dort V. and (D) line 12.)				
	b) must equal Form 990, Part X, col. (B) line 13) Other Assets.		<u> </u>		
Part IX	Complete if the organization answere	d "Voo" on Fo	m 000 Part IV I	no 11d Coo Form	000 Port V line 15
	(a) Desc		111 990, Fart IV, II	ne i iu. See i oni	(b) Book value
(4)	(2)				(b) Book Falac
(1)					
(3)				 ,	
			<u> </u>		
(4)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B)	line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answere	d "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)		·			
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25) ▶				
2. Liability for	r uncertain tax positions. In Part XIII, provide the	e text of the footr	ote to the organizati	on's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2016		Page 4
Part		ents With Revenue per	<u>_</u>
	Complete if the organization answered "Yes" on Form 990, I		,
1	Total revenue, gains, and other support per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1
c	Recoveries of prior year grants	2c	1
	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1 !
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
С	Other losses	2c	1 1
d	Other (Describe in Part XIII.)	2d	1 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ l	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
			
	······		
			

Schedule D (For	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
_		
		•••
·		
••		
•••		
••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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Name of the organization			Employer identification number		
USW Local Union 1688			23-1092686		
Part XI line 5: Other Chang	es in net assets or fund balanc	es:			
	·			 -	
Mortgages Payable:	Start of Period	End of Period	+/- Change in Assets		
	\$ 62997	\$ 31321	+ \$31676		
				·	
			·		
				- -	
•••					
			••		
	·				
••					
		·			
		·	•••••		

Schedule O (Form 990 or 990-EZ) (2016)	í	Page 2
Name of the organization	Employer identification number	•
······································		
		-
•		-
	•••••	
		
	••	 -