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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

➤ Do not enter social security numbers on this form as it may be made public.

➤ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

| <u>A</u> | For the 2 | 2016 calen | dar year, or tax year beginning , 2016, and ending | | | <u> </u> | | | |
|-------------------------|--------------|-----------------|---|-------------------|---------------------|--------------------|-----------------------|--|--|
| В | Check if app | olicable | C Name of organization IBEW LOCAL UNION NO. 596 | D E | nployer identi | fication number | | | |
| | Addres | is change | Doing business as | 55-0341809 | | | | | |
| | Name | change | Number and street (or P O. box if mail is not delivered to street address) Room/suite | E To | er | | | | |
| | Instal r | etum | 1001 NORTH 12TH STREET | - 1 | 304) 6 | 22-0151 | | | |
| | Final ret | unviernmated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| | Amend | led return | Clarksburg WV 26302 | GG | ross receipts | \$ 955,051 | _ | | |
| | Applica | atron pending | |) is this a group | | | X No | | |
| | | | RICK LAWSON 1001 NORTH 12TH ST CLARKSBURG WV 26301 H(b) | Are all subordi | nates included | 7 Yes | No | | |
| ī | Tax-exe | mpt status | 501(c)(3) X 501(c) (5) ▼ (insert no) 4947(a)(1) or 527 | If 'No,' attach a | ı lısı. (see instn | uctions) | _ | | |
| J | Websi | | |) Group exempt | on number | • | | | |
| K | | organization. | X Corporation Trust Association Other ► L Year of formation | 1990 | Mi State of le | | | | |
| Pa | | Summar | | 1000 | | | | | |
| | | | be the organization's mission or most significant activities: COLLECTION | OF DUES | S TO PR | OMOTE BET | TER | | |
| đa | | | TRONMENTS AND ADEQUATE PAY | 01 505. | <u> </u> | 0012 221 | | | |
| Activities & Governance | | | | | | | . — — — - | | |
| Ë | | | | | | | . — — — - | | |
| o. | 2 Ch | eck this bo | ox > if the organization discontinued its operations or disposed of more than | 25% of its n | et assets. | | | | |
| 9 | | | ting members of the governing body (Part VI, line 1a) | | · - | | 5 | | |
| Sa | | | dependent voting members of the governing body (Part VI, line 1b) | | | | 5 | | |
| Ŧ, | | | of individuals employed in calendar year 2016 (Part V, line 2a) | | | | | | |
| 귷 | | | ad business revenue from Part VIII, column (C), line 12 | | | | - <u>0</u> | | |
| ~ | | | business taxable income from Form 990-T, line 34 | | | | - 0. | | |
| | | - unindicator | Sautiness and inclined in the coot of the | Prior Y | | Current Y | | | |
| | 8 Co | ntributions | and grants (Part VIII, line 1h) | 1 1101 | Car | OdiTelle 1 | | | |
| Revenue | | | rice revenue (Part VIII, line 2g) | 1.18 | 5,262. | 916 | ,609. | | |
| - Ae | 10 Inv | estment in | come (Part VIII, column-(A), lines 3, 4, and 7d) | | 8,772. | | ,579. | | |
| Œ | 11 Ot | her revenu | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 5,817. | | ,863. | | |
| | 12 To | tal revenue | e – add lines 8 through 11 (must-equat Part VIII, column (A)//line 12) | | 9,851. | | ,051. | | |
| | 13 Gr | ants and si | milar amounts paid (Part IX, column (A), lines 1-3) 617 | | 5,111. | 43 | ,805. | | |
| | 14 Be | nefits paid | to or for members (Part IX column (A), line 4) | | | | | | |
| <i>m</i> | 15 Sa | laries, othe | er compensation, employee benefits (Part IX, column (A), lines 5-10) | 50 | 8,810. | 507 | ,975. | | |
| Expenses | 16a Pr | ofessional t | fundraising fees (Part IX, column (A), lirie) (e) | | | | | | |
| be l | | | ing expenses (Part IX, column (D), line 25) | | | - , | | | |
| ŭ | | | es (Part IX, column (A), lines 11a-11d, 11f-24e). | | C 543 | 470 | 022 | | |
| į | | | es Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,000,464. | | | <u>,023.</u> | | |
| | | | s expenses. Subtract line 18 from line 12 | | 9,387. | 1,029 | <u>,803.</u> ,752. | | |
| 8 8 | | 70100 1030 | | Beginning of (| | End of Ye | | | |
| ete and | 20 To | tal assets (| Part X, line 16) | | 7,985. | 2,525 | | | |
| Aga | | | s (Part X, line 26) | | 8,795. | | ,433. | | |
| 2.5 | 22 Ne | t assets or | fund balances. Subtract line 21 from line 20 | | 9,190. | 2,514 | | | |
| Pa | | | re Block | 2,33 | J, 100. | 2,514 | ,100. | | |
| Ь | | | | | and balled it is | | | | |
| count | lete Declar | ation of prepar | clare that I have examined this return, including accompanying schedules and statements, and to the best of er (other than officer) is based on all information of which preparer has any knowledge | my knowledge a | ino beller, it is t | irue, correct, and | | | |
| | | 5 | home I lemanor | 5/1 | 57.17 | | | | |
| Sig | ın | Signatu | rre of officer | Date | / | | | | |
| He | | S | hane Flanagan, President | | | | | | |
| | | Type or | nane rianagan, riesident | | | | | | |
| | | Print/Type p | preparer's name Preparer's signature // Date | Chec | k X a | PTIN | | | |
| Pai | id | Tenni | fer Barill, CPA Junifly Daril 05/11/1 | | mployed | 234-27-81 | 95 | | |
| | o eparer | Firm's name | | , | | 122 27 01 | | | |
| | e Only | Firm's addre | 77 | Firm's | EIN P | | | | |
| | 3 | | PITTSBURGH PA 15201 | Phone | | 4) 906-63 | 34 | | |
| Mar | the IRS | discuss the | s return with the preparer shown above? (see instructions) | 1 | | . X Yes | No | | |
| | | | | 104 444040 | | Form 99 | | | |
| DM | ~ rorra | ו אוסה וטקו | veubolion act nouce, see the separate instructions. TEEA0 | 101 11/16/16 | | 1 01111 33 | ש (בעוט) | | |

| Part III S | tatement of Program Service | | 33-0 | 341809 Fage 2 |
|-------------------------------------|--|---|---|---------------------------------|
| | heck if Schedule O contains a response | | n <i></i> | |
| | scribe the organization's mission | | | |
| COLLE | CTION OF DUES TO PROMOT | E BETTER | | |
| WORK | ENVIRONMENTS AND ADEQUA | TTY T. T. T. T. | | |
| | | | | |
| | | | | |
| | rganization undertake any significant p | | | |
| | or 990-EZ? | | | · · Yes X No |
| | escribe these new services on Schedu | | | |
| | rganization cease conducting, or make | | nducts, any program services? | · · Yes X No |
| | escribe these changes on Schedule O. | | | |
| 4 Describe Section 5 and reve | the organization's program service act i01(c)(3) and 501(c)(4) organizations at nue, if any, for each program service re | complishments for each of its thrate required to report the amount eported. | ee largest program services, as meast of grants and allocations to others, the | red by expenses total expenses, |
| 4a (Code: |) (Expenses \$ | including grants of | \$) (Revenue | \$) |
| N/A_ | | | | |
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| 4 b (Code: |) (Expenses \$ | including grants of | \$) (Revenue | \$) |
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| 4 c (Code: |) (Expenses \$ | including grants of | \$) (Revenue | \$) |
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| 4 d Other pro | ogram services (Describe in Schedule | O.) | | |
| (Expense | | uding grants of \$ |) (Revenue \$ |) |
| | gram service expenses | | | |
| BAA | | TEEA0102 11/16/16 | | Form 990 (2016) |

Form **990** (2016)

| Га | it iv Checklist of Required Schedules | | | |
|----|---|------|--------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. | 1 | ł | х |
| 2 | | 2 | \neg | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates | | | |
| Ī | for public office? If 'Yes,' complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, 'complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | Х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes,' complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Ves,' complete Schedule D, Part IV | 9 | | х |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | , , | |
| | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11a | х | |
| | b Did the organization report an amount for investments — other secunties in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VII. | 11 b | | <u>x</u> |
| | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X | 11e | ļļ | Х |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 111 | | х |
| 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 | х | |
| | 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If Yes,' complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III. | 19 | | x |

| | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | | | |
|------|--|-----|----------|--------|
| ь | | 20a | | Х |
| _ | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 | | х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule K. If No. 'go to line 25a. | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III. | 27 | | х |
| | 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 | ļ | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | . | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Vcs," complete Schedule R, Pert II, III, or IV, and Part V, line 1 | 34 | | x |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ļ | Х |
| b | olf "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | (2016) |

Form **990** (2016)

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---|---------------------------------------|--|---|
| Check if Schedule O contains a response or note to any line in this Part V | | | لــــــــــــــــــــــــــــــــــــــ |
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 0 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable - · · · · · · · | 0 | | 1 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners? | aming1 c | | |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Ϋ́ | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1. |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| b If 'Yes,' has at filed a Form 990-T for this year? If 'No' to fine 3b, provide an explanation in Schedule O | 3b | , | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)? | ver, a | | х |
| b If "Yes," enter the name of the foreign country: ► | | | 1 |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F | -BAR). | | ŀ |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 1 ^ | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | , | Х |
| c If Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | : | † · · · |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and contributions that were not tax deductible as charitable contributions? | | | x |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts to | were | | † |
| not tax deductible? | 6t | 3) | - |
| 7 Organizations that may receive deductible contributions under section 170(c). a 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? | | 2 | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 0 | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282? | to file | s | |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | T.:. | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 70 | В | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | F | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | T | |
| as required? | · · · · · · · · · · · · · · · · · · · | 9 | ┷ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the s | | | |
| 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? | | — | +- |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 91 | D | ┼ |
| 10 Section 501(c)(7) organizations. Enter. | | - | 1 |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 1 | 1 |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 1 | . |
| 11 Section 501(c)(12) organizations. Enter: | | 1: | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | _ |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 | a | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | 1 |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 | a | + |
| Note. See the instructions for additional information the organization must report on Schedule O | | | } |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is ilcensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | | | - -= |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 | $\overline{}$ | 1 x |
| h If 'Voc ' has it filed a Form 720 to report these payments? If 'No ' amyide an explanation in Schedule O | 14 | DI. | 1 |

| Pa | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes a Schedule O. See instructions. | 'n | | |
|-----|--|-------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . X |
| Sec | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1: | a Enter the number of voting members of the governing body at the end of the tax year | | | |
| 1 | b Enter the number of voting members included in line 1a, above, who are independent 1 b | 3.3 | 10 | 5 G |
| 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 | | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents | | | |
| | since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7 : | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | | _ | \vdash |
| | members of the governing body? | 7 a | | x |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| ' | stockholders, or persons other than the governing body? | 7 b | | v |
| _ | | / 0 | 25.0245 | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | The same |
| | a The governing body? | 8a | X | L |
| 1 | b Each committee with authority to act on behalf of the governing body? | 8 b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O | 9 | | х |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | nde i | |
| | 21. Union of Time Council B Toquesia mormation about policies not required by the meman never | 1 | Yes | No |
| 10: | a Did the organization have local chapters, branches, or affiliates? | 10 a | . 63 | X |
| | 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? | 10 b | | ├ — |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | ļ |
| ı | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | الات | | ZE |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | Х | <u> </u> |
| 1 | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| • | C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12 c | х | |
| 13 | | 13 | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| | | 14 | - A | 1 31 |
| 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 | X | <u> </u> |
| ŧ | b Other officers or key employees of the organization | 15b | X | |
| 16. | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | , r, r |
| | taxable entity during the year? | 16a | | Х |
| ŀ | 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 | THE STATE OF THE S | |
| Sec | ction 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 501(c)(3)s only) | availab | le le | |
| | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year | le to | | |
| | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| 20 | | 04) | | 0151 |

| Form 990 (2016) | TDDW | TOCAT | INTON | NT/ | E0 |
|------------------|------|-------|-------|-----|----|
| CUIII 990 (2010) | TREM | LOCAL | ONTON | NO. | 59 |

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Page 7

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and | nd |
|----------|--|-----|
| | Independent Contractors | |
| | Charle if Cahadula O contains a manager or note to any line in this Part \ III | 1 1 |

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

- 1 a 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.

| | 1 | I | | (C) | | | Ť | 7 | | |
|--|---|--|-----------------------|---------|--------------|---------------------------------|---------|-------------------------------------|---|--|
| (A) Name and Title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/furstee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | weak (list any) hours for related organiza- bons below dotted lime) | Individual frustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) SHANE FLANAGAN | 6.00 | | | | | | | | | |
| PRESIDENT | | <u> </u> | | X | <u> </u> | | | 13,543. | 0. | 0. |
| (2) SAM SPATAFORE VICE-PRESIDENT | | | | Х | | | | 0. | 0. | 0. |
| (3) DAVID FRIEND | 6.00 | | | | | | | | ı | ! ! |
| TREASURER | | ! | _ | X | <u> </u> | | _ | 589. | 0. | 0. |
| (4) BRYCE REYNOLDS RECORDING SECRETARY | 6.00 | | | x | | | | 0. | 0. | 0. |
| (5) SHANE FERGUSON | 40.00 | 1 | | x | | | | 300 500 | 0. | |
| FIN. SEC./BUS. MANG (6) | | | | | - | | | 108,500. | U. | 0. |
| _(7) | | - | | | - | | | | | |
| (8) | | - | | | - | | | | | |
| (9) | | - | | | | | | | | |
| (10) | | | | | - | | | | | |
| (11) | | - | - | - | | | | - | | |
| (12) | | 1 | | | | | - | | | |
| (13) | | | | | | | | | | |
| (14) | | - | | | - | | | | | |
| DAA | | <u> </u> | <u></u> | | <u></u> | | <u></u> | L | <u></u> | Form 990 (2016 |

| Part VII Section A. Officers, Directors, T | rustees, (B) | Key | En | | oye C) | es, a | and | Highest Con | pensated Emp | oloyees (continued) |
|--|---|-------------|-----------------------|---------------|--------------|--------------------------------|-------------|--|--|--|
| (A) Name and title | Average hours per week | box | , unle | heck ss pe | recu | than or s both or/truste | an 99) | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | (list any hours for related organiza - bons bellow dotted line) | or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/10 99 M ISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | _ | T | | | | | |
| (17) | | - | | | - | | | | | |
| (18) | | | | | | | | | | |
| (19) | | - | | | T | | | | | |
| (20) | | 1 | | | T | | | | | |
| (21) | | - | | | | | | <u></u> | | |
| (22) | | - | | | | | | | | |
| (23) | | 1 | | | | | | | | |
| (24) | | - | | _ | | | | | | |
| (25) | | 1 | | | | | | | | |
| 1 b Sub-total | | | | | | | • | 122,632. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | > | 122,632. | 0. | 0. |
| 2 Total number of individuals (including but not limit from the organization > 1 | | | | | | | eive | | 000 of reportable o | ompensation |
| 3 Did the organization list any former officer, direct on line 1a? If Yes, complete Schedule J for such | or, or truste individual | e, ke | y em | ploy | yee, | or hig | ghes | st compensated en | nployee | Yes No |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | r than \$150 | ,000? | IF " | res, | ' cor | nplete | e Sc | mpensation from hedule J for | | 4 X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If Yes, | | | | | | | | | | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compens compensation from the organization Report compensation from the organization report compensation report compensation from the organization report compensation | sated indepe | ender | ıt co | ntra | ctor | s that | rec | eived more than \$ | 100,000 of | |
| (A) Name and business ad | <u></u> | or trie | Cale | #NO a | ir ye | ar en | aing | Description |) | (C) Compensation |
| | • | | | | | | | | | |
| | - | | _ | | | | _ | | | |
| 2 Total number of Independent contractors (including | ng but not li | mited | to t | hose | e list | ed ab | юче |) who received mo | ore than | |
| \$100,000 of compensation from the organization | | TEFA | 0109 | 11/ | 10/16 | | | | 142 | Form 990 (2016) |

Form 990 (2016) IBEW LOCAL UNION NO. 596
Part VIII Statement of Revenue

| 1 | | Check if Schedule O contains a response or note to any I | ine in this Part VIII | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|-----------------------------|---|-------------------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) . 1 e All other contributions, gifts, grants, and smilar amounts not included above . 1 f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f | | | | |
| 0 6 | '' | Business Code | } | | | |
| 2 | 2 a | | 720 142 | 720 143 | 0. | 0. |
| Rev | Ь | ASSESSMENTS 900099 DUES 900099 | 738,143. | 738,143. 178,466. | 0. | 0. |
| 3 | С | DOBD | 170, 400. | 170,400. | | † |
| Š | d | | † | | | <u> </u> |
| Program Service Revenue | e | | | | | |
| gra | f | All other program service revenue | | | | |
| Š | g | Total. Add lines 2a-2f | 916,609. | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | 34,579. | 34,579. | 0. | 0. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| | | (i) Real (ii) Personal | - | | | i - |
| | 1 | Gross rents | -∤ | | , , , , | 1.1-16 |
| | ı | Less: rental expenses Rental income or (loss) | - | , . | | |
| | 1 | <u></u> | Emperiment amount of managers | | | أعلىك كالمستحدد والمستحدث |
| | 1 | Net rental income or (loss) | · · · · · · · · | | | |
| | 7 a | Gross amount from sales of assets other than inventory | - · " | | | 1 |
| | | * | -{ | | | |
| | b | Less, cost or other basis and sales expenses | | 1 | | |
| | _ | Gain or (loss) | | \ \ \ | | |
| | Į | Net gain or (loss) | | | | |
| Revenue | i | Gross income from fundraising events (not including\$ | - | | , , | 1 |
| ē | | of contributions reported on line 1c) | • | | | |
| æ | | See Part IV, line 18 a | - | | | |
| Ĕ | b | Less: direct expenses b | 7 | | | |
| Other | C | Net income or (loss) from fundraising events | F | | | l |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 a | | | . , | |
| | ь | Less direct expenses b | | | | |
| | C | Net income or (loss) from gaming activities | > | ļ. <u></u> | | |
| | 10 a | Gross sales of inventory, less returns and allowances | | | | |
| | b | Less cost of goods sold b | | | | |
| | _ <u>c</u> | Net income or (loss) from sales of inventory | • | L | | |
| | L. | Miscellaneous Revenue Business Code | | | L | |
| | | SALE_OF_LOGO_SUPPLIES900099 | 1,905. | 1,905. | 0. | 0. |
| | b | | + | | | |
| | ء ا | OTHER 900099 | 1,958. | 1,958. | 0. | 0- |
| | 1 | • Total, Add lines 11a-11d | 2 200 | | | 1 |
| | ı | Total revenue. See instructions | 3,863. | 055 053 | 0 | 0. |
| BAA | ـــــ | | 955,051. EA0109 11/16/16 | 955,051. | | Form 990 (2016) |

Form 990 (2016) IBEW LOCAL UNION NO. 596 Part IX | Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res | nplete all columns All of ponse or note to any line | ther organizations must de in this Part IX | complete column (A) | |
|----------|--|---|--|-------------------------------------|--|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 43,805. | 43.805. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 19,000. | 13,003. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | • | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 122,632. | 122,632. | | |
| 6 | disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 | Other salaries and wages | 226,871. | 226,871. | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) | | | | |
| | employer contributions) | 52,000. | 52,000. | | |
| 9 10 | Other employee benefits | 72,997. | 72,997. | | |
| 11 | | 33,475. | 33,475. | | |
| | Management | | | | |
| | Legal | | 274 | | |
| | ; Accounting | 374. | 374. | | + |
| | Lobbying | 12,536. | 12,536. | | |
| | Professional fundraising services. See Part IV, line 17 | 28,266. | 28,266. | | |
| | Investment management fees | 1 005 | 1 255 | | } |
| | Other (If line 11g amount exceeds 10% of line 25, column | 4,965. | 4,965. | | |
| - | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 35,000. | 35,000. | | |
| 13 | Office expenses | 14,364. | 14,364. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 25,390. | 25,390. | | |
| 17 | Travel | 15,813. | 15,813. | <u></u> | } |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | 21,318. | 21,318. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 68,888. | 68,888. | | |
| 22 | Depreciation, depletion, and amortization | 19,316. | 19,316. | | |
| 23 24 | Other expenses. Itemize expenses not | 6,330. | 6,330. | | |
| 24 | covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | | | | |
| | expenses on Schedule O.) | | | | |
| | PER CAPITA TAX | 169,667. | 169,667. | | |
| | ADMINISTRATIVE | 27,233. | 27.233. | | + |
| 0 | | 7.684. | 7,684. | | |
| C | | | | | |
| | All other expenses | 20,879. | 20,879. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,029,803. | 1,029,803. | ļ | |
| 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 | | | | |
| | SOP 98-2 (ASC 958-720) | | | <u> </u> | 1 |
| BAA | | TEEA0110 11/ | 16/16 | | Form 990 (2016) |

Balance Sheet (B) End of year (A) Beginning of year 1 327,050. 102,608. Savings and temporary cash investments . . . 2 1,465,064 1,616,916. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 9 10 a <u> 158,009</u>. 174,537 11 610,739 648,009. Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Other assets. See Part IV. line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,577,985 16 2,525,542 17 18,795 17 11,433 Grants payable................. 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D $\,$. 25 26 433 18,795 Organizations that follow SFAS 117 (ASC 958), check here ► and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 6 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,559,190 2,514,109 33 2,559,190 33 2,514,109. 2,577,985 34 2,525,542

BAA

| | | <u>5-0</u> 3 | 41809 | | Pag | ge 12 |
|------|---|--------------|--|---------|--------------|--------------|
| Pa | t XI Reconciliation 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 | 95 | 5,0 | 51. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | Ŀ | 2 | 1,02 | 29,8 | 03. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | · [_ | 3 | | 74,7 | 52. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | - L | 4 | 2,55 | 59,1 | 90. |
| 5 | Net unrealized gains (losses) on investments | · [| 5 | 2 | 29,6 | 71. |
| 6 | Donated services and use of facilities | | 6 | | | |
| 7 | Investment expenses | <u> </u> | 7 | | | |
| 8 | Prior period adjustments | · _ | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | · L | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | | 0 | 2 - | | 00 |
| Pai | rt XII Financial Statements and Reporting | <u> </u> | <u>" </u> | 2,5 | <u>14, 1</u> | <u>09.</u> |
| - 44 | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • • | • • • • | · · · · | | الخلت |
| _ | A | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990. | | | | -14 | 1 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | , , |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of | n a | | | | |
| | separate basis, consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 1 | 1 | ļ |
| 1 | b Were the organization's financial statements audited by an independent accountant? | | • • • • | 2b | X | <u></u> |
| | If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | | 1 1 | 1 | ٠, ، |
| | basis, consolidated basis, or both: X Separate basis | | | 1 . 1 | | |
| | | | | h | | |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | | 2 c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | ' . | |
| 3 : | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | | 3 a | | х |
| 1 | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require | d audi | t | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3 Ь | | <u> </u> |
| BAA | | | | Form | 990 (| 2016) |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2016

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

| • 9 | Section 501(c)(4), (5), or (6) orga | anizations Complete Part III. | | | | | | | |
|-----|---|---|-------------------------|---|--|--|--|--|--|
| | of organization | | | Employer identifica | ation number | | | | |
| IBE | W LOCAL UNION NO. | 596 | | 55-034180 | 9 | | | | |
| Pai | til A Complete if the or | rganization is exempt under section | on 501(c) or is a | section 527 organi | zation. | | | | |
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of 'political campaign activities') | | | | | | | | |
| 2 | 2 Political campaign activity expenditures (see instructions) | | | | | | | | |
| 3_ | Volunteer hours for political ca | mpaign activities (see instructions) | <u> </u> | <u>.</u> | | | | | |
| Par | til-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | | | | | |
| 1 | Enter the amount of any excise | e tax incurred by the organization under secti | on 4955 | . <i></i> | | | | | |
| 2 | Enter the amount of any excise | e tax incurred by organization managers unde | er section 4955 | | | | | | |
| 3 | If the organization incurred a s | ection 4955 tax, did it file Form 4720 for this | year? | | Yes No | | | | |
| 4 a | Was a correction made? | | <i></i> | <i>.</i> | · · · Yes No | | | | |
| ŧ | If 'Yes,' describe in Part IV. | | | | | | | | |
| Pai | tili€ Complete if the o | rganization is exempt under section | on 501(c) , excep | t section 501(c)(3) | • | | | | |
| 1 | Enter the amount directly expe | ended by the filing organization for section 52 | 7 exempt function acti | vities · · · · ▶ \$ | | | | | |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other orga | nizations for section 5 | 27 exempt ▶ \$ | | | | | |
| 3 | Total exempt function expendi line 17b | tures. Add lines 1 and 2. Enter here and on F | orm 1120-POL, | > \$ | <u> </u> | | | | |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | Yes No | | | | |
| 5 | 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds if none enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2016

| Schedule C (Fullif 990 of 990-EZ) 20 | "IBEW LOCAL | <u>UNION NO. 596</u> | | 55~034; | 1809 Page Z |
|---|--|--|---------------------------|------------------------------------|-----------------------------|
| Part II-A Complete if section 501 | the organization (h)). | n is exempt under se | ction 501(c)(3) an | | |
| A Check ► if the filin | g organization belong | gs to an affiliated group (and | list in Part IV each affi | iliated group member's nan | ne, |
| £_1 | | share of excess lobbying ex | | | • |
| B Check ► I of the filing | g organization check | ed box A and 'limited control | ' provisions apply. | | |
| (The term | Limits on Lobbyi 'expenditures' mea | ng Expenditures ns amounts paid or incurr | ed.) | (a) Filmg organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | res to influence public | c opinion (grass roots lobbyi | ng) | | |
| · • | • | islative body (direct lobbying | . , | | |
| | - | 1b) | • | | |
| | • | | | | · |
| | • | 1c and 1d) | | <u> </u> | |
| | • | • | | | |
| both columns | ount Enter the amou | int from the following table in |) | | |
| If the amount on line 1e, coh | | The lobbying nontaxable | | | |
| Not over \$500,000 | ann (a) or (b) 13. | 20% of the amount on line 1e. | | | , |
| Over \$500,000 but not over \$1 | 1,000,000 | \$100,000 plus 15% of the excess | mar \$500 000 | | • |
| Over \$1,000,000 but not over | | \$175,000 plus 10% of the excess | | \ \ \ \ | |
| Over \$1,500,000 but not over \$ | | \$225,000 plus 5% of the excess of | | · | · |
| Over \$17,000,000 | | \$1,000,000 | 77,000,000 | 1, | |
| g Grassroots nontaxable a | mount (enter 25% of | line 1f) | | - | |
| | • | nter -0 | | | |
| | | nter -0 | | | |
| j If there is an amount othe section 4911 tax for this | er than zero on eithe | r line 1h or line 1ı, did the on | ganization file Form 47 | 20 reporting | Yes No |
| | | | | | |
| (Som | e organizations tha | 4-Year Averaging Period U t made a section 501(h) el· Iow. See the separate inst | ection do not have to | | |
| | Lobb | ying Expenditures During | 4-Year Averaging Pe | riod | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling | , , | | | . , - ' | |
| amount (150% of line 2a, column (e)) | | | _ | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | - | | | | |
| f Grassroots lobbying expenditures | | | | | |
| BAA | | | | Schedule C. (Enr. | m 990 or 990-FZ\ 2016 |

Page 3 Schedule C (Form 990 or 990-EZ) 2016 IBEW LOCAL UNION NO. 596 55-0341809 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. No Yes **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? g Direct contact with legislators, their staffs, government officials, or a legislative body?...... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Х 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| 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). | | |
|---|--|-------|--|
| i | a Current year | 2 a | |
| ١ | b Carryover from last year | 2 b | |
| | c Total | 2с | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |
| à | rt IV Supplemental Information | | |

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

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

| | | | | | 1 | | |
|------|--|--|--|-------------------------|----------------------------------|----------------------------|-------------|
| | IBEW LOCAL UNION NO. 596 | | | | 55-0341 | 809 | |
| Par | Organizations Maintaining Dono | or Advised Funds or Ot | her Similar Funds | or Ac | | | |
| | Complete if the organization answer | ered 'Yes' on Form 990, | Part IV, line 6. | | | | |
| | | (a) Donor advised | funds | (b) F | unds and oth | ner accoun | ts |
| 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 are the organization's property, subject to the org | advisors in writing that the ass janization's exclusive legal cor | sets held in donor advis | ed funds | | Yes | No |
| 6 | Did the organization inform all grantees, donors, for chantable purposes and not for the benefit of impermissible private benefit? | and donor advisors in writing the donor or donor advisor, or | hat grant funds can be for any other purpose of | used only conferring | y , | Yes | — ∏ No |
| Ó. | t II Conservation Easements. | | | | | | |
| (Far | Complete if the organization answer | ered 'Yes' on Form 990, | Part IV, line 7. | | | | |
| 1 | Purpose(s) of conservation easements held by the | ne organization (check all that | apply). | | | | |
| | Preservation of land for public use (e g, recr | reation or education) | Preservation of a h | istoricall | y important la | nd area | |
| | Protection of natural habitat | | Preservation of a c | ertified h | istoric structu | IL O | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year. | held a qualified conservation of | ontribution in the form o | of a cons | ervation ease | ement on th | ne |
| | | | | | Held at the E | nd of the | Tax Year |
| 7 | Total number of conservation easements | | | 2 a | | | |
| i | Total acreage restricted by conservation easeme | ents | [| 2 b | | | |
| (| Number of conservation easements on a certified | d historic structure included in | (a)[| 2 c | | | |
| C | Number of conservation easements included in (structure listed in the National Register | | | 2 d | | | |
| 3 | Number of conservation easements modified, tratax year ► | insferred, released, extinguish | ed, or terminated by the | organiza | ation during th | ne | |
| 4 | Number of states where property subject to cons | ervation easement is located | > | | | | |
| 5 | Does the organization have a written policy regard and enforcement of the conservation easements | | | | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violation | ons, and enforcing cons | ervation | easements di | uring the y | ear |
| 7 | Amount of expenses incurred in monitoring, inspenses | ecting, handling of violations, | and enforcing conserval | on ease | ments dunng | the year | |
| 8 | Does each conservation easement reported on li and section 170(h)(4)(B)(ii)? | ine 2(d) above satisfy the requ | irements of section 170 | (h)(4)(B) | ⁽ⁱ⁾ | Yes | No |
| 9 | In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements. | s conservation easements in i ne organization's financial state | ts revenue and expense ements that describes t | stateme ne organi | ent, and balan ization's acco | nce sheet, a | and |
| Par | till Organizations Maintaining Colle Complete if the organization answer | ctions of Art, Historica ered 'Yes' on Form 990 | I Treasures, or Of | her Si | milar Asse | ets. | |
| | | | | | halanca ak - | | |
| 18 | If the organization elected, as permitted under SI art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial | eld for public exhibition, educa | tion or research in furth | nent and nerance (| of public servi | ce, provide | , |
| ŧ | If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items. | FAS 116 (ASC 958), to report for public exhibition, education | in its revenue statemen , or research in furthera | t and bal nce of pu | ance sheet w ublic service, p | orks of art provide the | , B |
| | (i) Revenue included on Form 990, Part VIII, lin | ne 1 | | | ▶\$ | | |
| | (ii) Assets included in Form 990, Part X | | | | • | | |
| 2 | If the organization received or held works of art, I amounts required to be reported under SFAS 116 | histoncal treasures, or other s 6 (ASC 958) relating to these | imilar assets for financia items: | al gain, pi | rovide the foll | owing | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | | ▶\$_ | | |
| t | Assets included in Form 990, Part X | | | | > \$ | | |

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|---|------------------------------------|------------------------------|----------------|
| 1 a Land | • | 26,452. | | 26,452. |
| b Buildings | • | 537,742. | 418,712. | 119,030. |
| c Leasehold improvements | | | | |
| d Equipment | - | 158,120. | 145,593. | 12,527. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equ | al Form 990, Part X, colu | mn (B), line 10c.) | . | 158,009. |

BAA

Schedule D (Form 990) 2016

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability
(b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ... >

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| DE-AVIO December 4 Dec | 7-03418U | |
|--|----------|------------|
| Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro | eturn. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | . 1 | 984,722. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 3.54 | |
| a Net unrealized gains (losses) on investments | (2) (A) | |
| b Donated services and use of facilities | 100 | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | . 2e | 29,671. |
| 3 Subtract line 2e from line 1 | . 3 | 955,051. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 1460 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | . 5 | 955,051. |
| Part-XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return. | |
| | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | 11 | 1.029.803. |
| | - 1 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements | - 1 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements | . 1 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements | - 1 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | - 1 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | - 28 | 1,029,803. |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.). e Add lines 2a through 2d. | | |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Pnor year adjustments. 2 c Cother losses. 2 d Other (Describe in Part XIII.) 2 d Cother (Describe in Part XIII.) 2 d Cother losses 2 a through 2 d Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Cother losses 3 Subtract line 2 e from line 1 Subtract line 2 e from line 2 Subtract line 2 S | . 2e | 1,029,803. |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | . 2e | |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments. 2 b Cother losses. 2 c d Other (Describe in Part XIII.) 2 d d d lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | . 2e | |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | 2 8 3 | |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Pnor year adjustments. 2 c C C Cother losses. 2 c C C Cother (Describe in Part XIII.) 2 d Cother (Describe in Part XIII.) 2 d C C C C C C C C C C C C C C C C C C | 2 e 3 | |

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

Schedule D (Form 990) 2016

| SCHEDULE | ı |
|------------|---|
| (Form 990) | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047 2016

Open to Public

| Internal Revenue Service | | ► Information | about Schedule I | (Form 990) and its Instr | uctions is at www.irs. | gov/form990. | | Inspection |
|---|---|---|------------------------------------|--|--------------------------------------|---|--|---------------------------------------|
| Name of the organization | | | | | | | Employer stentific | ation number |
| IBEW LOCAL UNI | | | | | | | 55-034180 | 9 |
| Part General In | formation on G | rants and Assista | ance | | | | | |
| Does the organizathe selection criter | tion maintain records ta used to award the | to substantiate the am grants or assistance? | nount of the grants of | or assistance, the grantee | s' eligibility for the gran | ts or assistance, and | | X Yes No |
| Describe in Part IV | / the organization's p | rocedures for monitori | ng the use of grant f | unds in the United States | i. | | | |
| | | | | and Domestic Gov e than \$5,000. Part | | | | s' on |
| 1 (a) Name and addin or gove | ess of organization nument | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) J. WILSON ME | MORIAL | | | | | | | 1 |
| TEXTROOK FUN | | | | | | ! | | |
| CLARKSBURG W | | N/A | | 41,233. | | | | CONTRIBUTION |
| (2) | | ļ | | | | | | |
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| (3) | | | | | | | · | |
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| (A) | | | | | | | | |
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| [8] | | | | | | | ······································ | |
| | | | | | | | | |
| 2 Enter total number | r of section 501(c)(3) | and government organ | I nizations listed in th | e line 1 table | | | · | <u>'</u> |
| | | | | . <u></u> | | | | • |
| BAA For Paperwork R | | | | | TEEA3901 | | | ule I (Form 990) (2016) |

| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncosh assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of moncests assustance |
|---|---|---------------------------------|--------------------------|-----------------------------|----------------------------------|--|--|
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | <u> </u> | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | ļ <u>-</u> | <u> </u> | · |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | |
| | | Supplemental Information. P | rovide the information | required in Part I, | line 2, Part III, colur | nn (b); and any other addi | tional information. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

BAA

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pt X

TREW LOCAL TINION NO

55-0341809

| 1BEW LOCAL UNION | NO. 596 55-0341809 |
|------------------|--|
| | THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM |
| | AND REVIEWED BY THE ORGANIZATION'S TOP MANAGEMENT AND FINANCIAL |
| Pt VI, Line 11b | PERSONNEL AS WELL AS APPROVED BY THE BOARD OF DIRECTORS. |
| | BACH BOARD MEMBER IS ASKED TO COMPLETE A FORM FOR DISCLOSURE ON AN |
| Pt VI, Line 12c | ANNUAL BASIS. |
| | THE COMPENSATION OF THE BUSINESS MANAGER IS DETERMINED BY THE OFFICERS |
| Pt VI, Line 15b | OF THE BOARD THROUGH NEGOTIATIONS. |
| | THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF |
| | INTEREST, AND/OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THEY ARE |
| | AVAILABLE IF SOMEONE CONTACTS THE OFFICE DIRECTLY. ALL REQUIRED |
| | DISCLOSURES ARE REPORTED IN THE ORGANIZATION'S FORM 990 WHICH IS MADE |
| Pt VI, Line 19 | FREELY AVAILABLE TO PUBLIC INSPECTION. |
| Pt XII, Line 1 | MODIFIED CASH |
| Pt VI, Line 15a | REVIEW AND APPROVAL BY BOARD OF DIRECTORS. |
| | FORM 990 IS AMENDED AFTER THE AUDIT OF FINANCIAL STATEMENTS TO ADD |
| | \$13,665 TO LINE 3 INVESTMENT INCOME FOR CERTIFICATES OF DEPOSIT ACCRUED |
| Pt VIII | INTEREST THAT WAS INADVERTENTLY OMITTED FROM THE ORIGINAL FORM 990. |
| | FORM 990 IS AMENDED AFTER THE AUDIT OF FINANCIAL STATEMENTS TO ADD |
| | \$13,665 TO LINE 2 SAVINGS AND TEMPORARY CASH INVESTMENTS AND LINE 32 |
| | RETAINED EARNINGS FOR CERTIFICATES OF DEPOSIT ACCRUED INTEREST THAT WAS |

INADVERTENTLY OMITTED FROM THE ORIGINAL FORM 990.