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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

| Inte                          | rnal Reve   | nue Service                  |                         | The organization may have to use a copy of this                                                                     | is return to satisfy state report | ting requirements.         | <u> </u>     | en to Euplic Inspection                        |
|-------------------------------|-------------|------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|--------------|------------------------------------------------|
|                               | For the     | e 2009 calen                 | dar year,               | or tax year beginning                                                                                               | , 2009, and endin                 | ıg                         |              | J                                              |
| В                             | Check if    | applicable                   |                         | С                                                                                                                   |                                   | D Emp                      | oyer iden    | tification Number                              |
|                               | Add         | dress change                 | Please use<br>IRS label | IBEW LOCAL UNION NO. 15                                                                                             |                                   | 36                         | -3947        | 1727                                           |
|                               | $\vdash$    | me change                    | or print<br>or type.    | 6330 BELMONT RD #1                                                                                                  |                                   | E Teleg                    | hone num     | nber                                           |
|                               | -           | al return                    | See<br>specific         | DOWNERS GROVE, IL 60516                                                                                             |                                   | 63                         | 0-515        | 5-0907                                         |
|                               | $\vdash$    | mination                     | Instruc-                |                                                                                                                     |                                   | 1 33                       |              |                                                |
|                               | $\vdash$    |                              | lions.                  |                                                                                                                     |                                   | G Gross                    | s receipts   | \$ 5,526,828.                                  |
|                               | <b></b> -   | ended return                 | E Name a                | Ind address of principal officer DEAN APPL                                                                          |                                   | H(a) Is this a group re    |              |                                                |
|                               | L. App      | plication pending            | 1                       | As C Above                                                                                                          | D.                                | H(b) Are all affiliates in |              | Yes X No                                       |
| _                             | <b>T</b>    |                              |                         |                                                                                                                     | 7(a)(1) or 527                    | If 'No,' attach a In       | st (see in   |                                                |
| ÷                             |             | exempt statu                 |                         | (c) (5 ) (insert no) 494                                                                                            | 7(a)(1) or 527                    |                            | . 1          | <b>D</b> 0064                                  |
| <u></u>                       |             | site: N/                     |                         |                                                                                                                     |                                   | H(c) Group exemption       |              |                                                |
| K                             |             | of organization              | Corpora                 | tion Trust X Association Other ►                                                                                    | L Year of Format                  | tion 1994   <b>N</b>       | State of     | legal domicile IL                              |
| Pa                            | nt l        |                              |                         |                                                                                                                     |                                   |                            | G TM/        |                                                |
|                               |             |                              |                         | panization's mission or most significant a                                                                          |                                   |                            |              |                                                |
| 9                             |             |                              |                         | ANDARDS_PROVIDE_SECURITY_                                                                                           |                                   |                            |              |                                                |
| Ē                             |             |                              |                         | TWEEN MANAGEMENT AND LABOR                                                                                          |                                   | ATTOM HAD A                | MEM          | REKSHIL OF                                     |
| Ver                           |             |                              |                         | ND OF THE REPORTING PERIOR                                                                                          |                                   |                            |              |                                                |
| Ô                             |             | Check this bo                |                         | of the organization discontinued its opera-<br>bers of the governing body (Part VI, line                            |                                   | re than 25% of its         | assets       | s.<br>  14                                     |
| ď                             |             |                              |                         | t voting members of the governing body (                                                                            |                                   | •                          | 4            | 0                                              |
| Activities & Governance       |             |                              |                         | vees (Part V, line 2a)                                                                                              | (i dit vi, iiic 15)               |                            | 5            | 318                                            |
| <u>₹</u>                      | 1           |                              |                         | eers (estimate if necessary)                                                                                        |                                   |                            | 6            | 0                                              |
| ¥                             | 1           |                              |                         | usiness revenue from Part VIII, column (                                                                            | C), line 12                       |                            | 7a           | 0.                                             |
|                               | b١          | Net unrelated                | l business              | taxable income from Form 990-T, line 34                                                                             | 4                                 |                            | 7b           | 0.                                             |
|                               |             |                              |                         |                                                                                                                     |                                   | Prior Yea                  | r            | Current Year                                   |
| _                             | 8 (         | Contributions                | and grant               | tş (Part VIII, line 1h)                                                                                             |                                   |                            | -            |                                                |
| ~                             |             |                              |                         | ue (Part VIII, line 2g)                                                                                             |                                   | 5,100,                     | 040.         | 5,335,433.                                     |
| €<br>e                        | 1014        |                              |                         | VIII, column (A), lines 3, 4, and 7d)                                                                               |                                   | 42,                        | 452.         | 43,920.                                        |
| Fα                            | 11 0        | Other revenue                | e (Part 🕅               | column (A), lines 5, 6d, 8c, 9c, 10c, ar                                                                            | nd 11e)                           | 170,                       | 000.         |                                                |
| 18                            | <u> </u>    | līqtal rev <b>⊕</b> nQé      | ) H) add Im             | es 8 through 11 (must equal Part VIII, co                                                                           | olumn (A), line 12)               | 5,312,                     | 492.         | 5,379,353.                                     |
| 7                             | рз 🧸        | Grants and si                | mılar amı               | unts paid (Part IX, column (A), lines 1-3                                                                           | )                                 | 21,                        | 334.         | 12,792.                                        |
| ١٦                            | 14          | Benefits paid                | to or for r             | nembers (Part IX, column (A), line 4)                                                                               |                                   |                            |              |                                                |
| L                             | 15(){       | alaries, lothe               | r compen                | sation, employee benefits (Part IX, colun                                                                           | nn (A), lines 5-10)               | 2,674,                     | 902.         | 2,725,588.                                     |
| 8                             | 16a F       | Professional 1               | <br>fundraisind         | g fees (Part IX, column (A), line 11e)                                                                              |                                   |                            |              |                                                |
| Expenses-                     |             |                              |                         | ses (Part IX, column (D), line 25)                                                                                  |                                   | V. V. Strain               | (C)          | ATTACH CAN MESSAGE OF                          |
| М                             |             |                              |                         | (, column (A), lines 11a-11d, 11f-24f)                                                                              | -                                 | 2,076,                     | 767          | 1 062 605                                      |
|                               |             | -                            | -                       |                                                                                                                     | \ line 25\                        | 4,773,                     |              | 1,863,685.                                     |
|                               |             |                              |                         | es 13-17 (must equal Part IX, column (A                                                                             | ), lifte 25)                      | 539,                       |              | 4,602,065.                                     |
|                               | 19 F        | revenue less                 | expenses                | Subtract line 18 from line 12                                                                                       | • • •                             |                            |              | 777,288.                                       |
| Vet Assets or<br>und Balances |             |                              |                         |                                                                                                                     |                                   | Beginning of               |              | End of Year                                    |
| Bel                           |             | otal assets (                |                         | •                                                                                                                   |                                   | 2,987,                     |              | 3,720,120.                                     |
|                               | <b>21</b> T | otal liabilities             | s (Part X,              | line 26)                                                                                                            |                                   |                            | 845.         | 2,806.                                         |
| ]                             |             | <del></del>                  |                         | nces Subtract line 21 from line 20                                                                                  |                                   | 2,962,                     | <u>845. </u> | 3,717,314.                                     |
| Pa                            | rt II       | Signatu                      | re Bloc                 | <u>k</u>                                                                                                            |                                   |                            |              |                                                |
| 4                             |             | Under penalties              | of perjury, I           | declare that I have examined this return, including acc<br>Declaration of preparer (other than officer) is based on | ompanying schedules and state     | ements, and to the best    | of my kno    | wledge and belief, it is                       |
| }                             |             |                              | (                       | $\overline{}$                                                                                                       | , ,,,,                            | 10/                        | 10           | _                                              |
| Sig                           | n           | 241                          | نسيد                    | t. Well                                                                                                             | <del></del>                       | July                       | _/2,         | 2010                                           |
| Hei                           | re          | Signature o                  |                         | -1. Desident/Besiden Mos                                                                                            |                                   | Date /                     | •            |                                                |
| בַ                            |             |                              |                         | ple President/Business Mar                                                                                          | iger                              |                            |              |                                                |
| ai                            |             | Type or prii                 | nt name and             | utle                                                                                                                |                                   | <del></del>                | <del></del>  |                                                |
| ζ.                            | _           | İ                            |                         |                                                                                                                     | Date                              | Check if self-             | (se          | eparer's identifying number<br>e instructions) |
| žai                           | d           | Preparer's                   | . N/.                   |                                                                                                                     | 176/                              | employed •                 | · 🔲          |                                                |
| ?ire                          | _           | signature                    | No                      | ward H. Sim,                                                                                                        | CAA 18/10                         | )                          | P(           | 00158008                                       |
| oar<br>Jse                    | er's        | Firm's name (or              | Levi                    | nson Simon Hein & Bikley ,                                                                                          | , P.C.                            |                            |              |                                                |
| )St<br>Onl                    |             | yours if self-<br>employed), |                         | West Lake Street, Suite 30                                                                                          | 00                                | EIN ► 3                    | 36-37        | 01668                                          |
| - 1 11                        | <i>y</i>    | address, and<br>ZIP + 4      |                         | ago, IL 60661-1414                                                                                                  |                                   |                            |              | 655-0037                                       |
| /lay                          | the IRS     | •                            |                         | th the preparer shown above? (see instru                                                                            | uctions)                          |                            |              | X Yes No                                       |

| Pai | rt III 🔄         | Statement of Program            | Service Accomp         | olishments        |               |                  |                |                   |              |                 |                                       |
|-----|------------------|---------------------------------|------------------------|-------------------|---------------|------------------|----------------|-------------------|--------------|-----------------|---------------------------------------|
| 1   | Briefly          | describe the organization's m   | ission.                |                   |               |                  |                |                   |              |                 |                                       |
|     | THE              | LOCAL REPRESENTS IT             | S MEMBERSHIP           | TO MAINTA         | IN STAND      | DARDS, PROV      | IDE SECUE      | RITY,             | NEGO         | TIAT            | E.                                    |
|     |                  | WAGES AND ARBITRAT              |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  | A MEMBERSHIP OF 6,2             |                        |                   | ·             |                  |                |                   |              | ===             |                                       |
|     | <u> </u>         |                                 | .19 111 11111 11111    | 2_01_1111_1       | <u> </u>      |                  |                |                   |              |                 |                                       |
|     | D 4 11           |                                 |                        |                   |               |                  |                | ·                 |              |                 |                                       |
| 2   |                  | organization undertake any s    | ignificant program se  | ervices during th | ie year which | n were not liste | d on the prior |                   |              | -               |                                       |
|     |                  | 90 or 990-EZ?                   |                        |                   |               |                  |                |                   | Yes          | X               | No                                    |
|     |                  | describe these new services     |                        |                   |               |                  |                |                   |              | _               |                                       |
| 3   | Did the          | organization cease conducting   | ig, or make significar | nt changes in ho  | w it conduct  | s, any program   | services?      |                   | Yes          | X               | No                                    |
|     | If 'Yes          | describe these changes on S     | Schedule O             |                   |               |                  |                | _                 |              |                 |                                       |
| 4   | Descril          | e the exempt purpose achieve    | ements for each of th  | e organization's  | three larges  | st program serv  | ices by exper  | ises Se           | ction 5      | 01(c)(          | 3)                                    |
|     | and 50           | 1(c)(4) organizations and sect  | ion 4947(a)(1) trusts  | are required to   | report the a  | mount of grants  | and allocation | ns to oth         | ners, th     | ne totà         | ľ                                     |
|     | expens           | es, and revenue, if any, for ea | ach program service    | reported          |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  | . <del></del>  |                   |              |                 | <del></del>                           |
| 4 - | (Code:           | ) (Expenses \$                  |                        | including grants  | of \$         |                  | ) (Pavanue     | \$                |              |                 | `                                     |
| 70  | ਾਪਾ              | LOCAL REPRESENTS IT             | C MEMBEDCUTD           | TO MATERIA        | רוא כיייאורי  | ADDC DDOM        | _) (Nevenue    | . ∓Ψ <del>.</del> | NECO         | ጥተአጥ            | , , , , , , , , , , , , , , , , , , , |
|     | 100              | FOCUL VELVESENTS TI             | O WEMDERSHIF           | TO MATINIA        | TM 2TWMD      | AKDS, FKOV.      | TOE SECOR      | 777               | NEGO         | TTVT            | <del>-</del>                          |
|     | FATK             | WAGES AND ARBITRAT              | E DIFFERENCES          | BETWEEN I         | MANAGEME      | NT AND LA        | BOR. THE       | ORGA              | NT ZV        | TTON            |                                       |
|     | HAD .            | A MEMBERSHIP OF 6,2             | 243 AT THE END         | O_OF_THE_R        | EPORTING      | PERIOD.          | <b></b>        |                   |              |                 |                                       |
|     |                  | . <b></b>                       |                        |                   |               | . <b></b>        | - <del>-</del> |                   |              | <b></b> .       |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
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|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 | <b></b>                |                   |               |                  |                |                   | <b>-</b>     |                 |                                       |
|     |                  |                                 | <b></b>                |                   |               |                  |                |                   |              |                 |                                       |
|     |                  | ·                               |                        | <del>-</del>      |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 | <b></b>                | . <b></b>         |               |                  | <b></b> -      | . <b>–</b> – –    |              |                 |                                       |
|     |                  | . <b></b>                       | <b></b>                |                   |               |                  | <b></b>        | <del></del> -     |              | <b></b>         |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
| 4 b | (Code.           | ) (Expenses \$_                 |                        | including grants  | of \$         |                  | _) (Revenue    | \$                |              |                 | )                                     |
|     |                  |                                 |                        |                   |               |                  | - <del>-</del> |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   | <del></del>  |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  | - <b></b>      |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              | · <del></del> - |                                       |
|     |                  |                                 |                        |                   |               | · <del></del>    | ·              |                   | <del>-</del> |                 |                                       |
|     |                  |                                 |                        |                   |               |                  | · <b></b>      |                   |              | <del>-</del>    |                                       |
|     |                  |                                 |                        |                   |               | . <b></b>        |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               | . <b></b>        | <del>-</del>   |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  | . <b>_</b>     |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  | _              |                   |              |                 |                                       |
|     | <b>6</b> 0 - 1 - | A                               |                        |                   |               |                  | \ <b>.</b>     | •                 |              |                 |                                       |
| 4 C | (Code            | ) (Expenses \$                  |                        | nciuding grants   | or \$         |                  | _) (Revenue    | ۶                 |              |                 | )                                     |
|     |                  |                                 |                        |                   |               | <b></b>          | <b>-</b>       |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                | <b></b>           |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  | <b></b>                         |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
|     |                  |                                 |                        |                   |               |                  |                |                   |              |                 |                                       |
| _   |                  |                                 |                        |                   | - <b></b>     |                  |                |                   |              |                 |                                       |
|     |                  |                                 | <b></b> .              |                   | <b></b>       |                  |                |                   |              |                 | _                                     |
| •   |                  |                                 | · <del></del>          |                   |               |                  |                |                   |              |                 |                                       |
| 44  | Other pr         | ogram services. (Describe in S  | Schedule O )           |                   |               |                  |                |                   |              |                 |                                       |
|     | (Expens          | _                               |                        | of ¢              |               | ) (Payanua       | ¢              |                   | `            |                 |                                       |
|     |                  | •                               | including grants of    | <u>ب</u> ب        |               |                  | ٧              |                   |              |                 |                                       |
| 4 e | rotal pre        | gram service expenses 🕨         |                        |                   |               |                  |                |                   |              |                 |                                       |

36-3947727 Form 990 (2009) IBEW LOCAL UNION NO. 15 Page 3 Part IV Checklist of Required Schedules Yes No

| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A                                                                                                                                                                                                                                              | 1                                       |          | X            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|--------------|
| 2  |                                                                                                                                                                                                                                                                                                                                                                                | 2                                       |          | X            |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I                                                                                                                                                                                           | 3                                       | Х        |              |
| 4  | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II                                                                                                                                                                                                                                                     | 4                                       |          |              |
| 5  | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III                                                                                                                                                                          | 5                                       |          | х            |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If | 9                                       |          | x            |
|    | 'Yes,' complete Schedule D, Part V                                                                                                                                                                                                                                                                                                                                             | 10                                      |          | X            |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable                                                                                                                                                                                                                                       | 11                                      | X        | ing St. Yr   |
|    | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI                                                                                                                                                                                                                                           |                                         | では、      | 職品           |
| 1  | <ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total<br/>assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>                                                                                                                                                 | 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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                                                                                                                                                                       |                                         |          | では、          |
|    | • 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                                                                                                                                                                                         |                                         |          |              |
| •  | • 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? If Yes, 'complete Schedule D, Part X                                                                                                                                            | 19 m                                    |          |              |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII                                                                                                                                                                                                                         | 12                                      |          | Х            |
| 12 | A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No                                                                                                                                                                                         |                                         |          |              |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E                                                                                                                                                                                                                                                                              | 13                                      |          | <u>X</u> _   |
|    | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                                                           | 14a                                     |          | _ <u>^</u> X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II                                                                                                                                                                  | 15                                      |          | X            |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III                                                                                                                                                                      | 16                                      |          | X            |
| 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                                                                                                                                                                                     | 17                                      |          | <u>X</u> _   |
| 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                                      |          | X            |
| 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                                      |          | Х            |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H                                                                                                                                                                                                                                                                                              | 20                                      | <u> </u> | <u>X</u>     |

Form 990 (2009) IBEW LOCAL UNION NO. 15

Part IV: Checklist of Required Schedules (continued)

|      |                                                                                                                                                                                                                                                                                     |      | 163   | 110   |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------|
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II                                                                    | 21   | Х     |       |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>                         | 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 | 24a  |       | Х     |
| ŧ    | 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 | a Section 501(c)(3) and 501(c)(4) 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  |       |       |
| I    | 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   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III                       | 27   |       | X     |
| 28   | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                         |      |       |       |
| á    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV                                                                                                                                                                             | 28a  |       | X     |
| ł    | 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 of the organization (or a family member) 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   |       | X     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M                                                                                                            | 30   |       | Х     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I                                                                                                                                                                  | 31   |       | X     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' 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 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I                                                                                                | 33   |       | X     |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1                                                                                                                                                   | 34   |       | Х     |
| 35   | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2                                                                                                                                             | 35   |       | Х     |
| 36   | <b>Section 501(c)(3) organizations.</b> 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     |
| 88   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O                                                                                                        | 38   | х     |       |
| A A  |                                                                                                                                                                                                                                                                                     | Form | gan ( | วกกลา |

| Pa  | art V Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                                                   |            |                   |          |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|----------|
|     |                                                                                                                                                                                                                                                                   |            | Yes               | No       |
| 1   | la Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable                                                                                                                       | 3          |                   |          |
|     | <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                          | 0          |                   |          |
|     | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                        | 10         | X                 |          |
| 2   | 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 31                                                                           | 8          |                   |          |
| 2   | 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                 | 21         | X                 |          |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                                                                                                                                            |            | 183               |          |
| 3   | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                           | 32         | 1                 | X        |
|     | <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O                                                                                                                                                          | 31         | )                 | <u> </u> |
| 4   | 1a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                     | 42         |                   | x        |
|     | <b>b</b> If 'Yes,' enter the name of the foreign country: ▶                                                                                                                                                                                                       |            | 1.55              |          |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.                                                                                                                                 |            |                   |          |
|     | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                           | <u>5</u> a | <del></del>       | X        |
|     | <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                         | 5 b        | <u> </u>          | X        |
|     | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                | 50         | :                 |          |
| 6   | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                     | 6 a        |                   | х        |
|     | <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?                                                                                                                 | 6 b        |                   |          |
| 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?                                                                                                                 | 7 a        |                   |          |
|     | <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                          | 7 b        |                   |          |
|     | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                            | 7c         |                   |          |
|     | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d                                                                                                                                                                                            | 25         | 2.4               |          |
|     | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                               | 7e         |                   |          |
|     | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                    | 7f         | <del> </del>      |          |
|     | <ul> <li>g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?</li> </ul> | 7g         |                   |          |
|     | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the                                                                                                                                                  | 7h         |                   |          |
| Ŭ   | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                                                              | 8          |                   | # i.     |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                         | *          |                   |          |
|     | a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                         | 9 a        |                   |          |
| 1   | <b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person? .                                                                                                                                                               | 9b         |                   |          |
|     | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                            |            |                   |          |
|     | 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                                                                                                                                                                     |            |                   |          |
|     | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                           | 3.5        |                   |          |
|     | a Gross income from other 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 ).                                                                                                                                   |            |                   |          |
|     | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                      | 12 a       | e construcción de | o uas    |
| , t | of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b                                                                                                                                                                    |            | 125               |          |

**BAA** Form **990** (2009)

**Governing Body and Management** 

Section A.

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. See instructions.

|      |                                                                                                                                                                                                                                        |                                                         |                   | Yes        | No                                     |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------|------------|----------------------------------------|
| 1 a  | Enter the number of voting members of the governing body                                                                                                                                                                               | 1a 14                                                   |                   |            |                                        |
| t    | Enter the number of voting members that are independent                                                                                                                                                                                | 1 b                                                     |                   |            |                                        |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?                                                                                            | lationship with any other                               | 2                 |            | X                                      |
| 3    | Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other person                                                | inder the direct supervision on?                        | 3                 |            | Х                                      |
| 4    | Did the organization make any significant changes to its organizational documents                                                                                                                                                      |                                                         | 4                 |            | Х                                      |
|      | since the prior Form 990 was filed?                                                                                                                                                                                                    | • •                                                     |                   |            |                                        |
| 5    | Did the organization become aware during the year of a material diversion of the organization                                                                                                                                          | n's assets?                                             | 5                 |            | Х                                      |
| 6    | Does the organization have members or stockholders? See Schedule 0                                                                                                                                                                     |                                                         | 6                 | Х          |                                        |
| 7 a  | Does the organization have members, stockholders, or other persons who may elect one or n governing body? See Schedule O                                                                                                               | nore members of the                                     | 7a                | Х          |                                        |
| b    | Are any decisions of the governing body subject to approval by members, stockholders, or ot                                                                                                                                            | her persons? See Sch C                                  | 7b                | Χ          |                                        |
| 8    | Did the organization contemporaneously document the meetings held or written actions unde the following:                                                                                                                               | rtaken during the year by                               |                   |            |                                        |
| a    | The governing body?                                                                                                                                                                                                                    | •                                                       | 8a                | X          |                                        |
| Ė    | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                  |                                                         | 8 b               | ĺ          | X                                      |
|      | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.                                             | nnot be reached at the                                  | 9                 |            | х                                      |
| Sec  | tion B. Policies (This Section B requests information about policies not i                                                                                                                                                             | required by the Internal                                | 1                 |            |                                        |
| Reve | enue Code )                                                                                                                                                                                                                            |                                                         |                   |            |                                        |
|      |                                                                                                                                                                                                                                        |                                                         | $\longrightarrow$ | Yes        | No                                     |
|      | Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                    |                                                         | 10 a              |            | _X_                                    |
|      | If 'Yes,' does the organization have written policies and procedures governing the activities of<br>and branches to ensure their operations are consistent with those of the organization?                                             |                                                         | 10Ь               |            |                                        |
|      | Has the organization provided a copy of this Form 990 to all members of its governing body by                                                                                                                                          |                                                         | 11                | 200 PM 441 | X                                      |
| 11 A | ADescribe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                          | See Schedule O                                          | CONT              |            | <i>A</i> 22                            |
|      | Does the organization have a written conflict of interest policy? If 'No,' go to line 13                                                                                                                                               | •                                                       | 12a               | X          |                                        |
|      | Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?                                                                                                                           |                                                         | 12b               | х          |                                        |
|      | Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done See Schedule O                                                                                                | icy? If 'Yes,' describe in                              | 12c               | х          |                                        |
|      | Does the organization have a written whistleblower policy?                                                                                                                                                                             |                                                         | 13                | X          |                                        |
|      | Does the organization have a written document retention and destruction policy?                                                                                                                                                        |                                                         | 14                | X          | ************************************** |
| 15   | Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec                                               | approval by independent<br>ision?                       |                   |            |                                        |
|      | The organization's CEO, Executive Director, or top management official                                                                                                                                                                 |                                                         | 15 a              | X          |                                        |
| b    | Other officers of key employees of the organization See Schedule O                                                                                                                                                                     |                                                         | 15b               | X          | Francia<br>Transition                  |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)                                                                                                                                                     |                                                         |                   |            |                                        |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year? $ . \\$                                                                                                     | arrangement with a taxable                              | 16 a              |            | X                                      |
| b    | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements? | to evaluate its participation the organization's exempt | 16 b              |            |                                        |
| Sect | tion C. Disclosures                                                                                                                                                                                                                    |                                                         |                   |            |                                        |
| 17   | List the states with which a copy of this Form 990 is required to be filed ► None                                                                                                                                                      |                                                         |                   |            |                                        |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply  Own website  Another's website  X Upon request                   | d 990-T (501(c)(3)s only) av                            | aılable           | for pu     | ublic                                  |
| 19   | Describe in Schedule O whether (and if so, how) the organization makes its governing docume                                                                                                                                            | ents, conflict of interest polic                        | y, and            | finan      | cıal                                   |
| 20   | State the name, physical address, and telephone number of the person who possesses the bo                                                                                                                                              |                                                         | nızatıoı          | n:         |                                        |
| •    | SAM STUDER 6330 BELMONT RD DOWNERS GROVE IL 60516 630-515-                                                                                                                                                                             | -0907                                                   |                   |            |                                        |

#### Form **990** (2009) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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
     See instructions for definition of 'key employees'

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

| Name and Title  Average hours per week  Average hours | her<br>on<br>n<br>d |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ALL CAN BE REACHED AT:  O  O  O  O  O  O  O  O  O  O  O  O  O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on<br>n<br>d        |
| 0 0. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.                  |
| DEAN APPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| PRES/BUS MGR 40 X 149,947. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| CHRISTINE WATKINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| REC SEC/EXEC BD         3         X         8,224.         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| TERRY MCGOLDRIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| VP/EXEC-BRD         40         X         131,147.         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                  |
| JOSE RODRIGUEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Executive Board 3 X 2,948. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| JOE ALVAREZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| Executive Board 3 X 1,065. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| JOE REIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| EXEC-BRD 3 X 2,337. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.                  |
| TOM TIBBLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| EXEC-BRD 3 X 5,603. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>0.</u>           |
| MARY HARRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| Executive Board 3 X 2,684. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| MARK WALSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| EXECUTIVE BOARD 3 X 1,065. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>0.</u>           |
| JEROME PLANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| Executive Board 3 X 4,213. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| SAMUEL STUDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Treasurer 3 X 16,764. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.                  |
| TERRY CAGNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| BUSINESS REP 40 X 115,502. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| BRIAN LOOMIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| ASST BUS MGR 40 X 132,470. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| DAVE SERGENTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| BUSINESS REP 40 X 111,610. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| CHARLOTTE_WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| BUSINESS REP 40 X 115,115. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.                  |
| DOUGLAS BEDINGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| BUSINESS REP 40   X   116,055. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                  |

BAA

| Form 990 (2009) IBEW LOCAL UNION NO. 15                                                                                                                                                                |                  |                                   |                       |         |              |                              | _             |                                     | 36-394772                                |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|---------------|-------------------------------------|------------------------------------------|--------------------------------------------------------------------------|
| Part VII Section A. Officers, Directors, Trust                                                                                                                                                         | tees, K          | (ey                               | Em                    | plo     | ye           | es,                          | and           | d Highest Con                       | pensated Emp                             | oloyees (cont.)                                                          |
| (A)                                                                                                                                                                                                    | (B)              |                                   |                       |         | <b>c)</b>    |                              |               | (D)                                 | (E)                                      | (F)                                                                      |
| Name and Title                                                                                                                                                                                         | Average<br>hours |                                   | tion (                | checl   |              |                              |               | Reportable compensation from        | Reportable compensation from             | Estimated amount of other                                                |
|                                                                                                                                                                                                        | per week         | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former        | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
|                                                                                                                                                                                                        |                  |                                   |                       | -       | Н            | Н                            |               |                                     |                                          | · · · · · · · · · · · · · · · · · · ·                                    |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     | <u> </u>                                 |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               | <u>'</u>                            | <del></del>                              | <del>                                     </del>                         |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     | , ,                                      |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              | _                            |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              |               |                                     |                                          |                                                                          |
| 1h Tatal                                                                                                                                                                                               |                  |                                   |                       |         |              | 1                            | $\rightarrow$ | 916,749.                            | 0.                                       | 0.                                                                       |
| 1b Total                                                                                                                                                                                               | to thes          | - lis                             | + o d                 | aba     | ر (د،        | uba                          | -             |                                     |                                          |                                                                          |
| 2 Total number of individuals (including but not limited from the organization ► 7                                                                                                                     | to trios         | e iis                             | iea                   | abo     | ve) \        | WNO                          | rece          | eived more than \$                  |                                          |                                                                          |
| <ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such into the organization and related organizations greater the individual</li> </ul> |                  |                                   |                       |         |              |                              |               |                                     |                                          | Yes No  X  X  X  X  X                                                    |
| <ul> <li>5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete School</li> </ul>                                                                    | mpensa           | ition                             | fror                  | n ar    | ny ui        | nrela                        | ated          | organization for                    | services                                 | 5 X                                                                      |
| Section B. Independent Contractors                                                                                                                                                                     | Jaune J          | .01 3                             |                       | per     | 30,1         |                              |               |                                     | ·                                        | <del></del>                                                              |
| Complete this table for your five highest compensate compensation from the organization                                                                                                                | d indepe         | ende                              | ent c                 | contr   | acto         | ors t                        | hat           | received more that                  | n \$100,000 of                           |                                                                          |
| (A) Name and business address                                                                                                                                                                          |                  |                                   |                       |         |              |                              |               | ( <b>B)</b><br>Description of       | Services                                 | (C)<br>Compensation                                                      |
| SCHUCHAT COOK & WERNER 1221 LOCUST STREET, SU                                                                                                                                                          | ITE 25           | 0 S                               | T.                    | LOU     | IS,          | МО                           | 6 1           | LEGAL                               |                                          | 117,143.                                                                 |
|                                                                                                                                                                                                        |                  |                                   |                       |         |              |                              | 1             |                                     |                                          |                                                                          |
|                                                                                                                                                                                                        | -                |                                   |                       |         |              |                              | $\pm$         | ·                                   |                                          |                                                                          |
| 2 Total number of independent contractors (including by                                                                                                                                                | ut not lu        | mite                              | d to                  | thos    | را مء        | sted                         | l abr         | nve) who received                   | more than                                |                                                                          |

\$100,000 in compensation from the organization ► 1

IBEW LOCAL UNION NO. 15 36-3947727 Form 990 (2009) Page 9 Part VIII Statement of Revenue (B) Related or (D) (C) Unrelated Revenue Total revenue exempt excluded from tax business function under sections revenue 512, 513, or 514 revenue 1a 1a Federated campaigns **b** Membership dues 1 b 1 c c Fundraising events d Related organizations 1d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above \$ g Noncash contribns included in Ins 1a-1f h Total. Add lines 1a-1f **Business Code** SERVICE REVENUE 5,335,433. 5,335,433 2a Membership Dues & Assessments f All other program service revenue. g Total. Add lines 2a-2f PRESENTATION OF THE PROPERTY O 5,335,433. 3 Investment income (including dividends, interest and 47,190 47,190 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of 122,487 21,718 assets other than inventory b Less. cost or other basis 26,332 and sales expenses 121,143 -4,614. c Gain or (loss) 1,344 d Net gain or (loss) -3,270-3,2708a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

5,379,353

43,920.

0.

5,335,433

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                                                                                                                                                                                                   |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|--|--|
|                                                                                                              | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.                                                                                                                        | (A)<br>Total expenses | ( <b>B)</b> Program service expenses     | (C) Management and general expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ( <b>D)</b> Fundraising expenses                                 |  |  |  |  |
| 1                                                                                                            | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                     | 12,792.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 2                                                                                                            | Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                       |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 3                                                                                                            | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                          |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 4                                                                                                            | Benefits paid to or for members                                                                                                                                                                   |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FV (7827)2.634-6257                                              |  |  |  |  |
| 5                                                                                                            | Compensation of current officers, directors, trustees, and key employees                                                                                                                          | 325,997.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 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                                                                                                                                                                          | 2,179,069.            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 8                                                                                                            | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                     | 14,335.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 9                                                                                                            | Other employee benefits                                                                                                                                                                           | 26,701.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 10                                                                                                           | Payroll taxes                                                                                                                                                                                     | 179,486.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>                                                      |  |  |  |  |
|                                                                                                              | -                                                                                                                                                                                                 | 175,400.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 11                                                                                                           | · / / / / / / /                                                                                                                                                                                   |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | a Management                                                                                                                                                                                      | 200 005               | -                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | <b>b</b> Legal                                                                                                                                                                                    | 209,005.              | <del></del>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | c Accounting                                                                                                                                                                                      | 25,010.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                         |  |  |  |  |
|                                                                                                              | d Lobbying                                                                                                                                                                                        |                       | 277 (2757) - 12 / Mile Control 2012      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                         |  |  |  |  |
|                                                                                                              | Prof fundraising svcs See Part IV, In 17                                                                                                                                                          |                       | 全有6种的5种人产生产品1000                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | Investment management fees                                                                                                                                                                        |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| •                                                                                                            | g Other                                                                                                                                                                                           | 11,613.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 12                                                                                                           | Advertising and promotion                                                                                                                                                                         | 9,792.                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 13                                                                                                           | Office expenses                                                                                                                                                                                   | 72,305.               | ļ                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u></u>                                                          |  |  |  |  |
| 14                                                                                                           | Information technology                                                                                                                                                                            |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 15                                                                                                           | Royalties                                                                                                                                                                                         |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 16                                                                                                           | Occupancy                                                                                                                                                                                         | 103,292.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 17                                                                                                           | Travel                                                                                                                                                                                            |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 18                                                                                                           | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                    |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 19                                                                                                           | Conferences, conventions, and meetings                                                                                                                                                            | 180,217.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 20                                                                                                           | Interest                                                                                                                                                                                          |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 21                                                                                                           | Payments to affiliates                                                                                                                                                                            | 999,775.              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 22                                                                                                           | Depreciation, depletion, and amortization                                                                                                                                                         | 81,175.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                                                                |  |  |  |  |
| 23                                                                                                           | Insurance                                                                                                                                                                                         | 22,126.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 24                                                                                                           | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                                |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| -                                                                                                            | AUTO                                                                                                                                                                                              | 64,599.               | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | The state of t | THE R. P. LEWIS CO., LANSING, S. P. LEWIS CO., LANSING, P. L. S. |  |  |  |  |
|                                                                                                              | TELEPHONE                                                                                                                                                                                         | 40,470.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | : ARBITRATION                                                                                                                                                                                     | 22,670.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              | PAYROLL PROCESSING                                                                                                                                                                                | 10,945.               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
|                                                                                                              |                                                                                                                                                                                                   | 7,372.                | · · · · · · · · · · · · · · · · · · ·    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>                                                      |  |  |  |  |
|                                                                                                              | EQUIPMENT RENTAL                                                                                                                                                                                  | 3,319.                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                            |  |  |  |  |
|                                                                                                              | All other expenses                                                                                                                                                                                |                       |                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |  |  |  |  |
|                                                                                                              | Total functional expenses. Add lines 1 through 24f                                                                                                                                                | 4,602,065.            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
| 26                                                                                                           | Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  |  |  |  |
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|      |                                                                                                                                                      | (A)<br>Beginning of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 1    | Cash — non-interest-bearing                                                                                                                          | 275,160.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 2    | Savings and temporary cash investments                                                                                                               | 541,292.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 3    | Pledges and grants receivable, net                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 4    | Accounts receivable, net                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 5    | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 6    | Receivables from other disqualified persons (as defined under section 4958(f)(1))                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 7    | Notes and loans receivable, net                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 8    | Inventories for sale or use                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 9    | Prepaid expenses and deferred charges                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 20   | Tax-exempt bond liabilities                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21   | ·                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|      | of Schedule L                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 23   | Secured mortgages and notes payable to unrelated third parties                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 24   | Unsecured notes and loans payable to unrelated third parties                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 25   | Other liabilities. Complete Part X of Schedule D                                                                                                     | 24,845.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 26   | Total liabilities. Add lines 17 through 25                                                                                                           | 24,845.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|      | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 27   | -                                                                                                                                                    | 2,962,845.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|      |                                                                                                                                                      | 2,962,845.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 34   | Total liabilities and net assets/fund balances                                                                                                       | 2,987,690.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                      | 3,720,120.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|      | 2 3 4 4 5 6 7 8 9 10 a 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33                                                          | 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1); and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 9 Less: accumulated depreciation 11 Investments – publicity-traded securities 12 Investments – program-related See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Tendination that do not follow SFAS 117, check here Impair and complete lines 30 through 34. 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances. | 1 Cash — non-interest-bearing 275, 160. 2 Savings and temporary cash investments 541, 292. 3 Pledges and grants receivable, net 4 Accounts receivable, net 541, 292. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D b Less: accumulated depreciation 1 Turestments — publicly-traded securities 1 Investments — publicly-traded securities 1 Investments — other securities. See Part IV, line 11 Investments — program-related See Part IV, line 11 1 Investments — program-related See Part IV, line 11 1 Investments — program-related See Part IV, line 11 1 Investments — program-related See Part IV, line 11 1 Investments — program-related See Part IV, line 11 1 Investments — program-related see Part IV, line 11 1 Investments — program-related expenses 1 Investments — program-related See Part IV, line 11 1 Investments — program-related securities 1 Investments — program-related See Part IV, line 11 1 Investments — program-related securities 1 Investments — program-related expenses 1 Investments — program-related securities 1 Investments — program-related Investments — program-related securities 1 Investments — program-related securities 1 Investments — program-related Investments | 1 Cash - non-interest-bearing   275, 160. 1     2 Savings and temporary cash investments   541, 292. 2     3 Pledges and grants receivable, net   541, 292. 2     4 Accounts receivable, net   4     5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   5     6 Receivables from current squalifitied persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L   7     8 Inventories for sale or use   8   9 Prepaid expenses and deferred charges   9     10 a Land, buildings, and equipment: cost or other basis   10 a   1,580,739   1,250,547   10 c   11   Investments – publicly-traded securities   514,962. 11   12   Investments – publicly-traded securities   514,962. 11   13   Investments – program-related See Part IV, line 11   405,729   12   13   Investments – program-related See Part IV, line 11   13   14   Intangible assets   14   405,729   12   15   15   15   15   15   15   15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| rant Alest Financial Statements and Reporting                                                                                                                                                                                  |      |     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-----|
|                                                                                                                                                                                                                                |      | Yes | No  |
| 1 Accounting method used to prepare the Form 990 X Cash Accrual Other                                                                                                                                                          |      |     |     |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O                                                                                                               | 14 M |     |     |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                             | 2a   |     | _ X |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?                                                                                                                                    | 2b   | X   |     |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,<br>review, or compilation of its financial statements and selection of an independent accountant?  | 2c   | Х   |     |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                                                       |      |     |     |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both                                                          |      |     |     |
| Separate basis X Consolidated basis Both consolidated and separate basis                                                                                                                                                       | 23   |     |     |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                    | 3a   | :   | х   |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b   |     |     |

BAA

Form **990** (2009)

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

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- 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,' to 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.

| • 9  | Section 501(c)(4), (5), or (6)                    | organizations Complete Part III                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
|------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Name | of organization                                   |                                                                                                                                                                                            |                                                    | Employer identific                                                       | ation number                                                                                                                               |
| IBI  | EW LOCAL UNION NO.                                | 15                                                                                                                                                                                         |                                                    | 36-394772                                                                |                                                                                                                                            |
| Pai  | rt I-A Complete if the o                          | rganization is exempt under secti-                                                                                                                                                         | on 501(c) or is a s                                | section 527 organia                                                      | zation.                                                                                                                                    |
| 1    | Provide a description of the                      | organization's direct and indirect political of                                                                                                                                            | campaign activities in                             | Part IV.                                                                 |                                                                                                                                            |
| 2    | Political expenditures                            | ,                                                                                                                                                                                          |                                                    | . ► \$                                                                   | <b>.</b>                                                                                                                                   |
| 3    | Volunteer hours                                   |                                                                                                                                                                                            |                                                    | <u></u>                                                                  |                                                                                                                                            |
| Pai  | rt≀I-B Complete if the o                          | rganization is exempt under section                                                                                                                                                        | on 501(c)(3).                                      |                                                                          |                                                                                                                                            |
| 1    | Enter the amount of any exc                       | cise tax incurred by the organization under                                                                                                                                                | section 4955                                       | ▶ \$                                                                     | <u> </u>                                                                                                                                   |
| 2    | Enter the amount of any exc                       | cise tax incurred by organization managers                                                                                                                                                 | under section 4955                                 | <b>►</b> \$                                                              |                                                                                                                                            |
| 3    | If the organization incurred a                    | a section 4955 tax, did it file Form 4720 for                                                                                                                                              | this year?                                         |                                                                          | Yes No                                                                                                                                     |
| 4 8  | Was a correction made?                            |                                                                                                                                                                                            |                                                    |                                                                          | Yes No                                                                                                                                     |
| t    | f 'Yes,' describe in Part IV                      |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
| Pai  | TEC Complete if the o                             | rganization is exempt under section                                                                                                                                                        | on 501(c), except                                  | section 501(c)(3).                                                       |                                                                                                                                            |
| 1    | Enter the amount directly ex                      | pended by the filing organization for section                                                                                                                                              | n 527 exempt function                              | n activities ►\$                                                         |                                                                                                                                            |
| 2    | Enter the amount of the filin function activities | g organization's funds contributed to other                                                                                                                                                | organizations for sect                             | ion 527 exempt ►\$                                                       | <del></del>                                                                                                                                |
| 3    | Total of exempt function expline 17b              | enditures Add lines 1 and 2 Enter here a                                                                                                                                                   | nd on Form 1120-POL                                | ., ►\$                                                                   |                                                                                                                                            |
| 4    | Did the filing organization file                  | e Form 1120-POL for this year?.                                                                                                                                                            |                                                    |                                                                          | Yes X No                                                                                                                                   |
| 5    | made For each organization                        | and employer identification number (EIN)<br>i listed, enter the amount paid from the filir<br>vere promptly and directly delivered to a se<br>se (PAC). If additional space is needed, pro | ng organization's fund:<br>parate political organi | s. Also enter the amour                                                  | nt of political                                                                                                                            |
|      | (a) Name                                          | (b) Address                                                                                                                                                                                | (c) EIN                                            | (d) Amount paid from filing<br>organization's funds<br>If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| IBE  | W UNION LOCAL 15                                  | 6330 BELMONT ROAD, STE 1                                                                                                                                                                   |                                                    |                                                                          |                                                                                                                                            |
| PAC  |                                                   | DOWNERS GROVE, IL 60516                                                                                                                                                                    | 36-4383388                                         |                                                                          | 82,504.                                                                                                                                    |
|      |                                                   |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
| •    |                                                   |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
|      |                                                   |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
|      |                                                   |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |
|      |                                                   |                                                                                                                                                                                            |                                                    |                                                                          |                                                                                                                                            |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

| Part II-A Complete if section 501                                    | f the organizatio     | n is exempt under se                                                               | ection 501(c)(3) and     | d filed Form 5768 (e             | election under                              |
|----------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|--------------------------|----------------------------------|---------------------------------------------|
|                                                                      | <del></del>           | ongs to an affiliated group                                                        |                          |                                  |                                             |
| <b>—</b>                                                             |                       | cked box A and 'limited co                                                         |                          |                                  |                                             |
|                                                                      | Limits on Lobbyi      | ng Expenditures —<br>ans amounts paid or incur                                     |                          | (a) Filing organization's totals | (b) Affiliated<br>group totals              |
| <u>`</u>                                                             | ···                   | iblic opinion (grass roots lo                                                      |                          | -                                |                                             |
| , , ,                                                                |                       | legislative body (direct lob                                                       |                          |                                  |                                             |
| c Total lobbying expendi                                             |                       | = :                                                                                | - Jg/                    |                                  |                                             |
| <b>d</b> Other exempt purpose                                        | •                     |                                                                                    |                          |                                  |                                             |
| e Total exempt purpose                                               | •                     | nes 1c and 1d)                                                                     |                          |                                  |                                             |
|                                                                      | •                     | nount from the following ta                                                        | ble ın                   |                                  |                                             |
| If the amount on line 1e, co                                         | olumn (a) or (b) is.  | The lobbying nontaxable                                                            | amount is                |                                  | 40. <b>3</b> 5. 45. 97. 12. 12. 12. 12. 12. |
| Not over \$500,000                                                   |                       | 20% of the amount on line 1e.                                                      |                          |                                  |                                             |
| Over \$500,000 but not over \$                                       | 1,000,000             | \$100,000 plus 15% of the excess                                                   | s over \$500,000.        |                                  |                                             |
| Over \$1,000,000 but not over                                        |                       | \$175,000 plus 10% of the excess                                                   | s over \$1,000,000.      |                                  |                                             |
| Over \$1,500,000 but not over                                        | \$17,000,000          | \$225,000 plus 5% of the excess                                                    | over \$1,500,000         |                                  |                                             |
| Over \$17,000,000                                                    |                       | \$1,000,000.                                                                       |                          |                                  |                                             |
| g Grassroots nontaxable                                              | amount (enter 25%     | of line 1f)                                                                        |                          |                                  |                                             |
| h Subtract line 1g from li                                           | ne 1a If zero or les  | s, enter -0-                                                                       |                          |                                  |                                             |
| i Subtract line 1f from lin                                          | ne 1c If zero or less | , enter -0-                                                                        |                          |                                  | •                                           |
| j If there is an amount o<br>section 4911 tax for thi                | ther than zero on en  | ther line 1h or line 1i, did t                                                     | he organization file For | m 4720 reporting                 | Yes No                                      |
| (Son                                                                 | ne organizations tha  | 4-Year Averaging Period of the made a section 501(h) eles below. See the instructi | ection do not have to o  | complete all of the five         |                                             |
|                                                                      | Lobb                  | ying Expenditures During                                                           | 4-Year Averaging Per     | od                               |                                             |
| 0-1                                                                  |                       |                                                                                    |                          |                                  |                                             |
| Calendar year (or fiscal year beginning in)                          | (a) 2006              | <b>(b)</b> 2007                                                                    | (c) 2008                 | ( <b>d)</b> 2009                 | <b>(e)</b> Total                            |
| 2a Lobbying non-taxable amount                                       |                       |                                                                                    |                          |                                  |                                             |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                       |                                                                                    |                          |                                  |                                             |
| c Total lobbying expenditures                                        |                       |                                                                                    |                          |                                  |                                             |
| <b>d</b> Grassroots nontaxable amount                                |                       |                                                                                    |                          |                                  |                                             |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))      |                       |                                                                                    |                          |                                  |                                             |
| f Grassroots lobbying<br>expenditures                                |                       |                                                                                    |                          |                                  |                                             |
| BAA                                                                  |                       |                                                                                    |                          | Schedule C (Forr                 | n 990 or 990-EZ) 2009                       |

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

| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Pair III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Pair III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | Yes No                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------|
| legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Pair III Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?                                                                                                                                                                                    | Service of the servic |        | Yes No                                |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III A Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III B Complete if the organization is exempt under section 501(c)(4), section 501(c)  Complete if the organization is exempt under section 501(c)(4), section 501(c)                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Yes No                                |
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| d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-Ax Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  2 Tit III-Bx Complete if the organization is exempt under section 501(c)(4), section 501(c)  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Yes No                                |
| e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Yes No                                |
| f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)  artillia Complete if the organization is exempt under section 501(c)(4), section 501(c)                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Yes No                                |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If 'Yes,' enter the amount of any tax incurred under section 4912  c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  artill-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Partill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)  artill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Yes No                                |
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| 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?  Partilli-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | c)(5),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or s   | Yes No                                |
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| Twere substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  The prior year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | c)(5),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or s   | Yes No                                |
| Pait III-B Complete if the organization is exempt under section 501(c)(4), section 501(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | 2                                     |
| Partill-Bill Complete if the organization is exempt under section 501(c)(4), section 501(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \/F\                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | 3                                     |
| if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                       |
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 344E   |                                       |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | in the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                       |
| a Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a     |                                       |
| b Carryover from last year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2b     | <del></del>                           |
| c Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2c     | · · · · · · · · · · · · · · · · · · · |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3      | <del></del>                           |
| 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 politic expenditure next year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4      |                                       |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5      |                                       |
| art IV. Supplemental Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                       |
| omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -B, lı | ne 1ı.                                |

| Schedule C (Form 990 or 990-EZ) 2009 IBEW LOCAL UNION NO. 15                                                | 36-3947727  | Page 4     |
|-------------------------------------------------------------------------------------------------------------|-------------|------------|
| Schedule C (Form 990 or 990-EZ) 2009 IBEW LOCAL UNION NO. 15  Part IV: Supplemental Information (continued) |             |            |
|                                                                                                             |             |            |
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

IBEW LOCAL UNION NO. 15

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public

Name of the organization

Employer Identification number

Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

|     | the organization answered 'Yes' to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | o Form 990, Part IV, line 6.                                                                    |                                                        |                                               |   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|---|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Donor advised funds                                                                         | (b) Funds and                                          | other accounts                                |   |
| 1   | Total number at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                        |                                               | _ |
| 2   | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                        |                                               |   |
| 3   | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                        |                                               |   |
| 4   | Aggregate value at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                        |                                               |   |
| 5   | Did the organization inform all donors and don funds are the organization's property, subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or advisors in writing that the assets held in the organization's exclusive legal control?      | donor advised [                                        | Yes No                                        |   |
| 6   | Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | he benefit of the donor or donor advisor or to                                                  | unds may be or any other                               | Yes No                                        |   |
| Pá  | t   Conservation Easements Comple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 | s' to Form 990. Part                                   | IV. line 7.                                   | _ |
| 1   | Purpose(s) of conservation easements held by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | 3 to 1 01111 330, 1 are                                | 17, 1110 / .                                  | _ |
| •   | Preservation of land for public use (e.g., re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | n of an historically impor                             | tant land area                                |   |
|     | Protection of natural habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · · · · •                                                                                       | n of certified historic stru                           |                                               |   |
|     | hard in the second seco | r reservatio                                                                                    | ii oi certinea matoric stra                            | icture                                        |   |
| _   | Preservation of open space  Complete lines 2a through 2d if the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a hald a gualified concentration contribution                                                   | in the form of a concenia                              | stion accoment on the                         |   |
| 2   | last day of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in rield a qualified conservation contribution                                                  | in the form of a conserva                              | mon easement on the                           |   |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | Held at t                                              | the End of the Year                           |   |
|     | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | 2a                                                     |                                               |   |
| i   | Total acreage restricted by conservation easen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nents                                                                                           | 2b                                                     |                                               |   |
|     | Number of conservation easements on a certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | 2c                                                     |                                               |   |
|     | Number of conservation easements included in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | 2 d                                                    |                                               |   |
|     | Number of conservation easements modified, t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | ated by the organization                               | during the tax                                | _ |
|     | year ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | , ,                                                    | <b>3</b> ·                                    |   |
| 4   | Number of states where property subject to cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | servation easement is located                                                                   |                                                        |                                               |   |
|     | , , -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>                                                                                     |                                                        |                                               |   |
| 5   | Does the organization have a written policy regand enforcement of the conservation easement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | jarding the periodic monitoring, inspection, n<br>Lit holds?                                    | andling of violations,                                 | Yes □ No                                      |   |
| 6   | Staff and volunteer hours devoted to monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | sements                                                | <u>.,</u>                                     |   |
|     | during the year ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                        |                                               |   |
| 7   | Amount of expenses incurred in monitoring, insiduring the year ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | specting, and enforcing conservation easeme                                                     | s                                                      |                                               |   |
| 8   | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                                               | L                                                      | Yes No                                        |   |
| 9   | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the organization's financial statements that                                                    | describes the organization                             | on's accounting for                           | _ |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vered 'Yes' to Form 990, Part IV, line                                                          | e 8.                                                   |                                               | _ |
| 1 a | If the organization elected, as permitted under<br>treasures, or other similar assets held for public<br>the text of the footnote to its financial statemen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c exhibition, education, or research in furthei                                                 | ment and balance sheet warrance of public service, p   | works of art, historical rovide, in Part XIV, |   |
| t   | If the organization elected, as permitted under<br>treasures, or other similar assets held for public<br>amounts relating to these items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SFAS 116, to report in its revenue statement<br>c exhibition, education, or research in further | t and balance sheet work<br>rance of public service, p | s of art, historical rovide the following     |   |
|     | (i) Revenues included in Form 990, Part VIII, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ine 1                                                                                           | <b>►</b> \$_                                           |                                               | _ |
|     | (ii) Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 | <b>►</b> \$_                                           |                                               | _ |
| 2   | If the organization received or held works of art amounts required to be reported under SFAS 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , historical treasures, or other similar assets<br>16 relating to these items:                  | for financial gain, provid                             | e the following                               |   |
| а   | Revenues included in Form 990, Part VIII, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                               | <b>▶\$</b> _                                           |                                               | _ |
| h   | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | ►Ś                                                     |                                               | _ |

| Part III Organizations Mainta                                           | ining Collec                           | tions of Art,                       | Histor             | ical Treasures, o                                 | r Other S                 | imilar Ass          | ets (c          | ontın:    | ued)         |
|-------------------------------------------------------------------------|----------------------------------------|-------------------------------------|--------------------|---------------------------------------------------|---------------------------|---------------------|-----------------|-----------|--------------|
| 3 Using the organization's acquisit items (check all that apply).       | ion accession a                        | and other records                   | s, check           | any of the following                              | that are a s              | ignificant use      | e of its        | collecti  | on           |
| a Public exhibition                                                     |                                        | d 📗                                 | Loan or            | exchange programs                                 |                           |                     |                 |           |              |
| <b>b</b> Scholarly research                                             |                                        | е 📙                                 | Other              |                                                   |                           |                     |                 |           |              |
| c Preservation for future gener                                         | rations                                |                                     |                    |                                                   |                           |                     |                 |           |              |
| 4 Provide a description of the orga<br>Part XIV                         | nızatıon's colle                       | ctions and expla                    | in how             | they further the organ                            | iization's ex             | empt purpos         | e in            |           |              |
| 5 During the year, did the organiza assets to be sold to raise funds in | ition solicit or re<br>ather than to b | eceive donations<br>e maintained as | of art,<br>part of | historical treasures, of<br>the organization's co | or other sim<br>llection? | ılar                | Yes             | ;         | No           |
| Part IV Escrow and Custodia 9, or reported an amo                       | Arrangeme<br>unt on Form               | ents Complet<br>990, Part X,        | e if org<br>line 2 | ganization answe<br>1.                            | red 'Yes'                 | to Form 9           | 90, Pa          | ırt IV,   | line         |
| 1a Is the organization an agent, trus included on Form 990, Part X?     | stee, custodian,                       | , or other interm                   | ediary fo          | or contributions or oth                           | ner assets n              | ot                  | Yes             | ; [       | No           |
| <b>b</b> If 'Yes,' explain the arrangement                              | ın Part XIV an                         | d complete the f                    | ollowing           | j table                                           | <del></del>               |                     |                 |           |              |
|                                                                         |                                        |                                     |                    |                                                   |                           |                     | Amoun           | <u>.t</u> |              |
| c Beginning balance                                                     |                                        |                                     |                    |                                                   | 1c                        |                     |                 |           |              |
| d Additions during the year                                             |                                        |                                     |                    | •                                                 | 1 d                       |                     |                 |           |              |
| e Distributions during the year                                         |                                        |                                     |                    |                                                   | 1 e                       | -                   |                 |           |              |
| f Ending balance                                                        |                                        |                                     |                    |                                                   | . 1f                      |                     |                 |           |              |
| 2a Did the organization include an a                                    | mount on Form                          | n 990, Part X, Iır                  | e 21?              |                                                   |                           |                     | Yes             |           | No           |
| <b>b</b> If 'Yes,' explain the arrangement                              |                                        |                                     |                    |                                                   |                           | -                   |                 |           |              |
| Part V Endowment Funds Co                                               | mplete if org                          | janization an:                      | swered             | d 'Yes' to Form 99                                | <u>90, Part I</u>         | <b>√, l</b> ine 10. |                 |           |              |
|                                                                         | (a) Current y                          | ear (b) Pr                          | ior year           | (c) Two years bac                                 | k (d) Th                  | ree years back      | (e)             | Four yea  | rs back      |
| 1 a Beginning of year balance                                           |                                        |                                     |                    |                                                   | <u> </u>                  |                     | 3.4%            | 1113      |              |
| <b>b</b> Contributions                                                  |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| c Net Investment earnings, gains, and losses                            |                                        |                                     |                    |                                                   |                           |                     | X               |           |              |
| <b>d</b> Grants or scholarships                                         |                                        |                                     |                    | AFRENCE:                                          | AC 23.4%                  |                     |                 | 型級定       | # XX         |
| <ul> <li>Other expenditures for facilities<br/>and programs</li> </ul>  |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| f Administrative expenses                                               |                                        |                                     |                    |                                                   | <b>特别</b> 不是是有            |                     | 4.44            |           | + 61         |
| <b>g</b> End of year balance                                            |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| 2 Provide the estimated percentage                                      | e of the year en                       | d balance held a                    | as.                |                                                   |                           |                     |                 |           |              |
| a Board designated or quasi-endow                                       | /ment ►                                | <u> </u>                            |                    |                                                   |                           |                     |                 |           |              |
| <b>b</b> Permanent endowment ▶                                          | <b>*</b>                               |                                     |                    |                                                   |                           |                     |                 |           |              |
| c Term endowment ►                                                      |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| 3a Are there endowment funds not in organization by.                    | n the possessio                        | n of the organiz                    | ation tha          | at are held and admii                             | nistered for              | the                 |                 | Yes       | No           |
| (i) unrelated organizations                                             |                                        |                                     |                    |                                                   |                           |                     | 3a(i)           |           |              |
| (ii) related organizations                                              |                                        |                                     |                    |                                                   |                           | •                   | 3a(ii)          |           |              |
| <b>b</b> If 'Yes' to 3a(II), are the related o                          | rganizations lis                       | ted as required                     | on Sche            | dule R? .                                         |                           |                     | 3b              |           |              |
| 4 Describe in Part XIV the intended                                     |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| Part VI Investments-Land, B                                             | uildings, and                          | d Equipment.                        | See F              | Form 990, Part X                                  | <u>, lıne 10.</u>         |                     |                 |           |              |
| Description of investment                                               | (a                                     | Cost or other b<br>(investment)     | asıs               | (b) Cost or other basis (other)                   | (c) Accur<br>Depred       | ation               | (d) E           | Book Va   | alue         |
| <b>1 a</b> Land                                                         | . <u>L</u>                             |                                     |                    |                                                   | 现的研究                      |                     |                 |           |              |
| <b>b</b> Buildings                                                      |                                        | 1,079,90                            | 09.                |                                                   | 1(                        | 07,990.             |                 | 971       | <u>,919.</u> |
| c Leasehold improvements                                                |                                        |                                     |                    |                                                   |                           |                     |                 |           |              |
| <b>d</b> Equipment .                                                    |                                        |                                     |                    | 311,770.                                          | 11                        | 14,952.             |                 |           | ,818.        |
| e Other                                                                 |                                        |                                     |                    | 189,060.                                          | 14                        | 15,797.             |                 |           | ,263.        |
| Total. Add lines 1a through 1e (Column                                  | n (d) must equa                        | l Form 990, Par                     | X, colu            | ımn (B), lıne 10(c) )                             |                           | •                   |                 |           | ,000.        |
| BAA                                                                     |                                        |                                     |                    |                                                   |                           | Schedu              | ıle <b>D</b> (F | orm 99    | 0) 2009      |

TEEA3302L 02/02/10

| Part VII Investments—Other Securities See Fo                                                                     | rm 990, Part X, III                    | ne 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , , , , , , , , , , , , , , , , , , ,                |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (a) Description of security or category                                                                          | (b) Book value                         | (c) Method of val                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | uation                                               |
| (including name of security)                                                                                     | <del> </del>                           | Cost or end-of-year m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | arket value                                          |
| Financial derivatives                                                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| Closely-held equity interests Other AFL-CIO HOUSING INVESTMENT TRUST                                             | 431,189.                               | End of Year Market Valu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10                                                   |
| Office Art-CIO HOUSING INVESTMENT IROSI                                                                          | 431,109.                               | End of feat Market var                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>ue</u>                                            |
|                                                                                                                  | ······································ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                          |
|                                                                                                                  |                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                             |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • •                                              |
| Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)                                                 | 431,189.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4376276276665                                        |
| Part VIII Investments-Program Related (See F                                                                     |                                        | ine 13) N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |
| (a) Description of investment type                                                                               | (b) Book value                         | (c) Method of value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uation                                               |
|                                                                                                                  |                                        | Cost or end-of-year m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | arket value                                          |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  | · · · · · · · · · · · · · · · · · · ·  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
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|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  | <del> </del>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                          |
| Total (Column (h) must equal Form 990 Part X Col (R) line 13 )                                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, II | ne 15) N/A                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Land and Land Transport Section 1887                 |
| (a) Desi                                                                                                         |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Book value                                       |
| (4)200                                                                                                           | 011011                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (2) Dook value                                       |
|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
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| Total. (Column (b) must equal Form 990, Part X, col (B), line                                                    |                                        | <b>▶</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |
| Part X Other Liabilities (See Form 990, Part X                                                                   |                                        | To come the state was the same of the same | The State of the second former and the second second |
| (a) Description of Liability                                                                                     | (b) Amount                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| Federal Income Taxes                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| DUE TO PAC                                                                                                       | 2,79                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| PAYROLL WITHHOLDINGS                                                                                             | 1                                      | 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |
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|                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
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|                                                                                                                  | <del> </del> -                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                                                                                  | 1 2 2 2                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)                                                | 2,80                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |

<sup>2.</sup> FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

|              |                                                                                                                       | 0-394//         | 21 Page 4                   |
|--------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| Part         | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements                                       |                 |                             |
| 1 7          | Total revenue (Form 990, Part VIII, column (A), line 12).                                                             | <u> </u>        | <u>5,379,353.</u>           |
| 2            | Total expenses (Form 990, Part IX, column (A), line 25)                                                               |                 | 4,602,065.                  |
| <b>3</b> E   | Excess or (deficit) for the year Subtract line 2 from line 1                                                          |                 | 777,288.                    |
| 4            | Net unrealized gains (losses) on investments                                                                          |                 | -22,819.                    |
| <b>5</b> [   | Donated services and use of facilities .                                                                              |                 |                             |
| 6 I          | nvestment expenses                                                                                                    |                 |                             |
| <b>7</b> F   | Prior period adjustments                                                                                              |                 |                             |
| 8 (          | Other (Describe in Part XIV)                                                                                          |                 | _                           |
| 9 1          | Total adjustments (net). Add lines 4 through 8                                                                        |                 | -22,819.                    |
|              | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9                              |                 | 754,469.                    |
|              | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R                                     | eturn           | <del></del>                 |
|              | Total revenue, gains, and other support per audited financial statements .                                            | 1               | 5,356,534.                  |
|              | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                   | 344             |                             |
|              | Net unrealized gains on investments . 2a -22,819                                                                      |                 |                             |
|              | Conated services and use of facilities 2b                                                                             |                 |                             |
|              | Recoveries of prior year grants 2c                                                                                    | 134             |                             |
|              | Other (Describe in Part XIV)                                                                                          | +               |                             |
|              | · · · · · · · · · · · · · · · · · · ·                                                                                 | 7               | -22 919                     |
|              | Add lines 2a through 2d.                                                                                              | 2e              | -22,819.                    |
|              | Subtract line 2e from line 1                                                                                          | 3               | 5,379,353.                  |
|              | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                                   | 13.3            |                             |
|              | nvestments expenses not included on Form 990, Part VIII, line 7b                                                      |                 |                             |
|              | Other (Describe in Part XIV)                                                                                          |                 |                             |
|              | Add lines <b>4a</b> and <b>4b</b>                                                                                     | 4c              |                             |
|              | otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                         | 5               | <u>5,379,353.</u>           |
|              | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per                                    | <u>r Return</u> |                             |
| <b>1</b> T   | otal expenses and losses per audited financial statements                                                             | 1               | 4,602,065.                  |
| 2 A          | mounts included on line 1 but not on Form 990, Part IX, line 25                                                       |                 |                             |
| a D          | onated services and use of facilities 2a                                                                              |                 |                             |
| b P          | Prior year adjustments 2b                                                                                             |                 |                             |
| <b>c</b> C   | Other losses 2c                                                                                                       |                 |                             |
| <b>d</b> C   | Other (Describe in Part XIV)                                                                                          |                 |                             |
|              | dd lines 2a through 2d.                                                                                               | 2e              |                             |
|              | subtract line 2e from line 1                                                                                          | 3               | 4,602,065.                  |
|              | mounts included on Form 990, Part IX, line 25, but not on line 1:                                                     | 2.5             |                             |
|              | envestments expenses not included on Form 990, Part VIII, line 7b                                                     | 3.5             |                             |
|              | other (Describe in Part XIV)  4b                                                                                      | <b>- 13</b>     |                             |
|              | dd lines 4a and 4b                                                                                                    | 18384           |                             |
|              |                                                                                                                       | 4c 5            | 4 602 065                   |
|              | otal expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)                                         | 1 3 1           | 4,602,065.                  |
| Part.        | Supplemental Information                                                                                              |                 |                             |
| Comple       | ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, | lines 1b a      | nd 2b, Part V,              |
| ıne 4, I     | Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa     | irt to provid   | de any additional           |
| nforma       | 111011                                                                                                                |                 |                             |
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|              |                                                                                                                       |                 |                             |

| Schedule D (Form 990) 2009 IBEW LOCAL UNION NO. 15  Part XIV. Supplemental Information (continued) | 36-3947727 | Page <b>5</b> |
|----------------------------------------------------------------------------------------------------|------------|---------------|
| Part XIV Supplemental Information (continued)                                                      |            |               |
|                                                                                                    |            |               |
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# SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047

| 2009 | Open to Public |
|------|----------------|
|      | 77. J.         |

×

S N (h) Purpose of grant or assistance Bartil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form XYes Employer identification number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 36-3947727 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Rart | General Information on Grants and Assistance (b) EIN 3 Enter total number of other organizations 11111 1111 1 (a) Name and address of organization or government IBEW LOCAL UNION NO. 111 1 1111 1111 Name of the organization 1 ١ 1 111 Į 1 1 1

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009 **Partill** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part N Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE BOARD APPROVES ALL GRANTS AT BOARD MEETINGS. FOR GRANTS IN EXCESS OF \$2,500, THE LOCAL FOLLOWS UP WITH THE GRANTEE TO MAKE SURE THE GRANT IS APPLIED FOR ITS INTENDED (d) Amount of non-cash assistance (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used (b) Number of recipients (a) Type of grant or assistance USE. ₽¥

Page 2

36-3947727

IBEW LOCAL UNION NO. 15

Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

| Name of the organization                                                          | Employer identification number |
|-----------------------------------------------------------------------------------|--------------------------------|
| IBEW LOCAL UNION NO. 15                                                           | 36-3947727                     |
| Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder      |                                |
| "A" AND "BA" MEMBERS PAY THE FULL DUES AMOUNT OF THE MEMBER'S HO                  | OURLY RATE TIMES 1.75          |
| TIMES 12 DIVIDED BY 26. THE "A" CLASSIFICATION IS FOR MEMBERS V                   | WHO ARE TO RECEIVE A           |
| PENSION FROM THE INTERNATIONAL. "BA" MEMBERS DO NOT.                              |                                |
| Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod      | <u>L</u>                       |
| Members elect officers every three years.                                         |                                |
| Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or S | Shareholders                   |
| The membership approves changes, if any, to the By-laws of the I                  | ocal.                          |
| Form 990, Part VI, Line 11 - Form 990 Review Process                              |                                |
| THE BUSINESS MANAGER AND THE SECRETARY-TREASURER ARE AUTHORIZED                   | TO REVIEW THE FORM             |
| 990 PRIOR TO ITS FILING.                                                          | <b></b>                        |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conf   | licts                          |
| The conflict of interest policy is included in the Constitution                   | of the Union (a                |
| affiliated organization also governed by the Constitution. Any                    | member can contact             |
| the International with any complaint and a trial will be held in                  | accordance with the            |
| By-laws and Constitution.                                                         |                                |
|                                                                                   |                                |
| The US Department of labor requires all non-clerical employees t                  | o report on Form               |
| LM-30 certain activity that me be a conflict of interest. The L                   | M-30 is available              |
| for inspection by the general public.                                             | - <b></b>                      |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers | & Key Employees                |
| THE TOP MANAGEMENT OFFICE AND OTHER FULL-TIME SALARIES OF OFFICE                  | RS ARE BASED ON WAGE           |
| RATES NEGOTIATED IN COLLECTIVE BARGAINING AND APPROVED IN THE BY                  | -LAWS.                         |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available      |                                |
| THE CONSTITUTION (GOVERNING DOCUMENT) AND ETHICS AND DISCIPLINARY                 | PROCEDURE                      |
| (CONFLICT OF INTEREST) IS AVAILABLE THROUGH THE UNITED STATES DEP                 | PARTMENT OF LABOR,             |

| Schedule <b>O</b> (Form 990) 2009 | Page 2                         |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| IBEW LOCAL UNION NO. 15           | 36-3947727                     |
| IDDN LOCKE CRIEN NO. 10           | <del>'</del>                   |
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## Form **8868**(Rev Abril 2009)

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

| THE THE PERIOD                                               |                                                                                                                                                                                    |                                                                      |                                                                     |                                         |                                 |                                            |                    |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|---------------------------------|--------------------------------------------|--------------------|
| If you ar                                                    | e filing for an Automatic 3-Mont                                                                                                                                                   | th Extension, com                                                    | plete only Part I and                                               | check this box                          |                                 |                                            | <b>▶</b> X         |
|                                                              | e filing for an Additional (Not A                                                                                                                                                  |                                                                      | •                                                                   |                                         | page 2 of th                    | is form).                                  |                    |
|                                                              | plete Part II unless you have alre                                                                                                                                                 |                                                                      |                                                                     |                                         |                                 |                                            |                    |
| Part I                                                       | Automatic 3-Month Exten                                                                                                                                                            | sion of Time.                                                        | Only submit origi                                                   | nal (no copie                           | s needed).                      |                                            |                    |
| A corporatio                                                 | n required to file Form 990-T an                                                                                                                                                   | d requesting an a                                                    | utomatic 6-month ext                                                | ension – check                          | this box and                    | complete Part I on                         | ıly ►              |
| All other cor                                                | porations (including 1120-C filer                                                                                                                                                  | s), partnerships, l                                                  | REMICS, and trusts n                                                | nust use Form 70                        | 004 to request                  | t an extension of ti                       | me to file         |
| Electronic F<br>returns noted<br>the additiona<br>Form 990-T | iling (e-file). Generally, you can<br>d below (6 months for a corpora<br>al (not automatic) 3-month exten<br>Instead, you must submit the fu<br>sit www irs gov/efile and click or | tion required to file<br>ision or (2) you file<br>illy completed and | e Form 990-T) Howe<br>e Forms 990-BL, 6069<br>I signed page 2 (Part | ver, you cannot f<br>9. or 8870. group  | file Form 8868<br>returns, or a | 3 electronically if (                      | you want solidated |
|                                                              | Name of Exempt Organization                                                                                                                                                        | <del></del>                                                          |                                                                     |                                         | <del></del>                     | Employer identification                    | n number           |
| Type or                                                      |                                                                                                                                                                                    |                                                                      |                                                                     |                                         |                                 |                                            |                    |
| print                                                        | IBEW LOCAL UNION NO                                                                                                                                                                | . 15                                                                 |                                                                     |                                         |                                 | 36-3947727                                 |                    |
| ile by the                                                   | Number, street, and room or suite number                                                                                                                                           | er If a P O box, see ins                                             | structions.                                                         |                                         |                                 | 130 3341121                                |                    |
| due date for<br>filing your                                  | 6330 BELMONT RD #1                                                                                                                                                                 |                                                                      |                                                                     |                                         |                                 |                                            |                    |
| return See<br>instructions                                   | City, town or post office, state, and ZIP of                                                                                                                                       | ode For a foreign addre                                              | ess, see instructions                                               | <del></del>                             |                                 |                                            |                    |
|                                                              | DOWNERS GROVE, IL 6                                                                                                                                                                | _                                                                    | ,                                                                   |                                         |                                 |                                            |                    |
| Chack type                                                   | of return to be filed (file a separ                                                                                                                                                |                                                                      | cook roturn)                                                        |                                         | <del></del>                     |                                            | <del></del>        |
| X Form 990                                                   | •                                                                                                                                                                                  | _ ``                                                                 | •                                                                   |                                         | П г <b>4</b> 70                 | 20                                         |                    |
| <b>-</b>                                                     |                                                                                                                                                                                    | Form 990-T (c                                                        | •                                                                   |                                         | Form 472                        |                                            |                    |
| Form 990                                                     |                                                                                                                                                                                    |                                                                      | ection 401(a) or 408(                                               |                                         | Form 522                        |                                            |                    |
| Form 990<br>Form 990                                         |                                                                                                                                                                                    | Form 1041-A                                                          | rust other than above                                               | )                                       | Form 606                        | _                                          |                    |
| <ul><li>If the org</li><li>If this is f</li></ul>            | e No 630-515-0907  anization does not have an officior a Group Return, enter the orgs box.  If it is for part of                                                                   | janization's four d                                                  | igit Group Exemption                                                | Number (GEN)                            | If                              | this is for the whol<br>nd EINs of all men | ► ☐                |
| the exten                                                    | sion will cover                                                                                                                                                                    | _                                                                    |                                                                     |                                         |                                 |                                            |                    |
| untıl _<br>The ext<br>► X                                    | st an automatic 3-month (6 month 8/15, 20 _10 _, to file ension is for the organization's recalendar year 20_09 _ or tax year beginning                                            | e the exempt orga<br>eturn for                                       | •                                                                   | •                                       |                                 |                                            |                    |
| 2 If this ta                                                 | ax year is for less than 12 month                                                                                                                                                  | s, check reason                                                      | Initial return                                                      | Final retur                             | n CI                            | hange in accountin                         | ig period          |
| 3a If this a                                                 | oplication is for Form 990-BL, 99<br>ndable credits. See instructions                                                                                                              | 90-PF, 990-T, 472                                                    | 0, or 6069, enter the                                               | tentative tax, les                      | s any                           | 3a \$                                      | 0.                 |
|                                                              | oplication is for Form 990-PF or<br>oclude any prior year overpayme                                                                                                                |                                                                      |                                                                     | d estimated tax p                       | payments                        | 3b \$                                      | 0.                 |
| c Balance<br>deposit<br>See inst                             | <b>Due.</b> Subtract line 3b from line with FTD coupon or, if required, ructions                                                                                                   | 3a. Include your p<br>by using EFTPS (                               | payment with this forn<br>Electronic Federal Ta                     | n, or, if required,<br>ix Payment Syste | em)                             | 3c \$                                      | 0.                 |
| aution. If yo ayment instr                                   | u are going to make an electron<br>uctions                                                                                                                                         | ic fund withdrawal                                                   | with this Form 8868,                                                | see Form 8453-                          | EO and Form                     | 8879-EO for                                |                    |
| AA For Priv                                                  | acy Act and Paperwork Reducti                                                                                                                                                      | on Act Notice, se                                                    | e instructions.                                                     | <u></u>                                 |                                 | Form <b>8868</b> (F                        | Rev 4-2009)        |