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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

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

	. 0	e 2012 Calendar year, or tax year beginning	a enunig		
В	Check i	C Name of organization		D Employer identific	cation number
Г	Addr				
Ē	Nam	David David		36-3	947727
	Initia	Number and Associated D.O. house and delivered Associated delivered	Room/suite	E Telephone numbe	
	Term	· · · · · · · · · · · · · · · · · · ·	1		515-0907
		City, town, or post office, state, and ZIP code	•	G Gross receipts \$	6,696,810.
	Appl	ca- DOWNERS GROVE, IL 60516		H(a) Is this a group re	
	pend	F Name and address of principal officer:		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
1	Tax-e	xempt status: 501(c)(3)X 501(c) (5) ◀ (insert no.) 4947(a)(1)	) or 527	If "No," attach a	list. (see instructions)
J	Webs	ite: ► WWW.IBEWLOCAL15.ORG		H(c) Group exemptio	n number 🕨
		of organization: Corporation Trust X Association Other	L Year	of formation: 1994	A State of legal domicile: IL
P	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: THE			ITS
2 8, 2013 Activities & Governance		MEMBERSHIP TO MAINTAIN STANDARDS, PROVIDE			
ern	2	Check this box   if the organization discontinued its operations or dispersions.	osed of more	e than 25% of its net as	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
ھرس	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	312
~ <u> </u>	6	Total number of volunteers (estimate if necessary)		6	0
დე გ:≰	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
		Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	0.
$\supset$			_	Prior Year	Current Year
٩	8	Contributions and grants (Part VIII, line 1h)		0.	0.
$\bigcirc$	9	Program service revenue (Part VIII, line 2g)		5,717,676.	6,074,609.
ۿۣڸڸۣ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	90,595.	159,324.
貆	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,554.
₹_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,808,271.	6,235,487.
SCANNED AUG	13	Grants and similar amounts pand (Part IX, column (A), lines 1-3)		43,975.	9,350.
-	14	Benefits paid to or for members (Rartix), column (A), line 4)	-	0.	0.
Expenses	15	Salanes, other compensation, employee benefits (Rart X, column (A), lines 5-10)	)	2,888,018.	3,093,072.
ë	16	n Professional fundraising fees (Part IX, column (A), Imm 11e)	·· •	0.	0.
Exp	ا ا	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 050 400	0.006.106
-	17	/ n / n / n / n / n / n / n / n / n / n	· · ·	1,859,429.	2,026,106.
	18	Total expenses. Add lines 3.17 (must equal Part IX, column (A), line 25)	⊢	4,791,422.	5,128,528.
	2 19	Revenue less expenses. Subtract line 18 from line 12.	<del></del>	1,016,849.	1,106,959.
Assets or		T. I	86	eginning of Current Year	End of Year
SSE	B 20	Total assets (Part X, line 16)		5,625,134.	6,796,182.
Net /	21	Total liabilities (Part X, line 26)	· ·	8,177.	12,246.
	<u> 22</u> Part I	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		5,616,957.	6,783,936.
_		nalties of perjury, I declare that I have examined this return, including accompanying schedul	lac and states	santa and to the heat of m	w knowledge and helief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of v			ly knowledge and belief, it is
uu	e, com	St., and complete beclaration of preparer (order than officer) is based on an imormation of v	Milicii prepare	P/7/	12
e:		Signature of officer		Date	<u></u>
Sig	ere	TRESIDENT BUSINESS MANAUSE P	- DEA	IN F. ASPI	19
ric	# C	Type or print name and title	N O FI	70 7 7 2	<u>-(_ ·</u>
_		Print/Type preparer's name Preparer's signature		Date / / Check	PTIN
Pa	id	HOWARD SIMON	111	Date Check Check It self-employ	
	eparer	Firm's name CALIBRE CPA GROUP PLLC	1000	Firm's EIN	47-0900880
	e Only	Firm's address 566 W LAKE ST SUITE 300		Tam S CIN	<del>1</del> 1 030000
Ja	J J.117	CHICAGO, IL 60661		Рһопе по. 3	12-655-0037
N.4.	av the	IRS discuss this return with the preparer shown above? (see instructions)		Triioliciio. 3	X Yes No
	2001 12		tions	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2012)
232	12		u J113.		1 (1111 000 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<sup>2</sup> ar	rt III   Statement of Dreaman Conside Accomplishments		Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
	Bnefly describe the organization's mission:	<del>-</del>	
	THE LOCAL REPRESENTS ITS MEMBERSHIP TO MAINTAIN STANDARDS,	AUT/MA	
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCES BE		
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHIP OF	7 6,089 F	<u>YT</u>
	THE END OF THE REPORTING PERIOD.		
?	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	. —	
			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LTes	NO LALI
	If "Yes," describe these changes on Schedule O.		
}	Describe the organization's program service accomplishments for each of its three largest program services, as measing		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,	and
	revenue, if any, for each program service reported.		
а	(Code) (Expenses \$ Including grants of \$ ) (Revenue \$		
_	THE LOCAL REPRESENTS ITS MEMBERSHIP TO MAINTAIN STANDARDS, I	POVIDE	
	" · · · · · · · · · · · · · · · · · · ·		
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCES BI		
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHIP OF	<u>? 6,089 2</u>	<u>AT</u>
	THE END OF THE REPORTING PERIOD.		
b	(Code) (Expenses \$		
_	, (totales, (totales, )		
		<del></del>	
		<del></del>	<del></del>
			•
	Code \\[Common \text{Common \text{Comm	· · · · · · · · · · · · · · · · · · ·	
C	(Code) (Expenses \$) (Revenue \$) (Revenue \$)		
ld	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$	)	

Form 990 (2012) IBEW LOCAL UNION NO. 15
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)?			l
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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_	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	_X_	L
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Ì	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		İ	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		i	
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	]		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X_	<u> </u>
"	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i	
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	1.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<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, Parts II and IV	15	ļ	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, Parts III and IV	16	ļ	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		1
	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		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
		Form	n <b>990</b>	(2012)

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Pa	rt IV Checklist of Required Schedules (continued)			<sub>r</sub>
		<b> </b>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	}		Ì
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	İ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ľ		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		İ	
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	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		i
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		
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 pnor Forms 990 or 990-EZ? If "Yes," complete	ĺ		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
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		X
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, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	}	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[	

Form 990 (2012)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2012)

14a

14b

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand ...

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_
6	Did the organization have members or stockholders?	6	X	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	_X	<b>├</b> ─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del>                                     </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400	X	
40	In Schedule O how this was done	12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13	X	<del> </del>
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	<u> </u>	<del>                                     </del>
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	150	х	
a b	Other officers or key employees of the organization	15a 15b	X	<del>                                     </del>
U	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	<del>                                     </del>	t
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ļ	
.00	taxable entity during the year?	16a	ļ	x
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.54	<u> </u>	T-
•	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure			
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, and 990-T (Section 501(c)(3)s only)	avaılat	le	-
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	<b>&gt;</b>	
	DEAN APPLE - 630-515-0907			
	6330 BELMONT RD, DOWNERS GROVE, IL 60516			
23200 12-10-		Forn	990	(2012

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average	Average Position (do not check more than one box, unless person is both an						(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated 2/17	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DEAN APPLE	40.00							4-1		
PRES/BUS MGR				X	<u> </u>		_	174,038.	0.	0.
(2) CHRISTINE WATKINS	3.00			l				10 051	•	•
REC SEC/EXEC BD	40.00			X	├	┼		10,071.	0.	0.
(3) TERRY MCGOLDRICK	40.00	ł						160 164	•	•
VP/EXEC-BRD	2 00	ļ	-	X	<del> </del>	ļ		160,164.	0.	0.
(4) JOSE RODRIGUEZ	3.00	-						200	•	
FORMER EXECUTIVE BOARD	2 00	-	├	X	├-			390.	0.	0.
(5) JOE ALVAREZ	3.00	ł	ļ					1 262	^	_
EXECUTIVE BOARD	2 00	├	-	X	├-	┼	-	1,363.	0.	0.
(6) TOM TIBBLES	3.00	┨						6 750	•	_
EXECUTIVE BOARD	2 00		<del>                                     </del>	X	┝	+	<u> </u>	6,759.	0.	0.
(7) THOMAS CHRIST	3.00	1		<b>.</b>				4 705	0.	0.
TREASURER	3.00	-	<b> </b>	X	+-	<del> </del>	ļ	4,705.	0.	<u> </u>
(8) JOHN GAVIN	3.00	ł		x	1		ļ	3,415.	0.	0.
EXECUTIVE BOARD	3.00		<u> </u>	^			1	3,413.	<u> </u>	<u></u>
(9) OTTO TOKE	3.00	ł		x				2,668.	0.	0.
EXECUTIVE BOARD	3.00	$\vdash$	$\vdash$	^	╁	╁╌	├	2,000.	<u> </u>	<u> </u>
(10) TOM HINSPETER	3.00	1		x				6,748.	0.	0.
EXECUTIVE BOARD	3.00	┢	┢╌	^	╁	+	┢	0,740.		
(11) RICKY JOHNSON	3.00	┨	l	x	l			8,402.	0.	<u>o.</u>
EXECUTIVE BOARD	3.00	$\vdash$	$\vdash$	┢	╁	+-	<del>                                     </del>	0,402.	0.	
(12) RICHARD LEWIS	3.00	1		x				3,336.	0.	0.
EXECUTIVE BOARD	40.00	╁	╁	┢	╁	+-	$\vdash$	3,330.		<u> </u>
(13) TERRY SHERIDAN	40.00	1	1			x		144,324.	0.	0.
ASST BUSINESS MGR	40.00	$\vdash$	╁╌	$\vdash$	$\vdash$	╁	$\vdash$	144,324.		
(14) DAVID WIGGINS	40.00	i			1	x		143,058.	0.	0.
ASST BUSINESS MGR (15) DOUGLAS BEDINGER	40.00	$\vdash$	+-	$\vdash$	+	+^	$\vdash$	743,030.	<del></del>	<del>                                     </del>
BUSINESS REP	20.00	1				x		142,756.	0.	0.
(16) DAVID SERGENTI	40.00	$\vdash$	$\vdash$	+	+	+*	+	132,130.		<u> </u>
BUSINESS REP	30.00	1				x	İ	144,643.	0.	0.
(17) DOUGLAS VEDAS	40.00	$\vdash$	+	$\vdash$	+	╁	$\vdash$	744,040.		<del>                                     </del>
BUSINESS REP	40.00	1				x		145,571.	0.	0.

232007 12-10-12

Form 990 (2012)

Section A. Officers, Directors, Trus	stees, Key Em	pioy	ees.	, and	3 Hi	gnes	st C	ompensated Employe	es (conunded)	т		<del></del>
` (A)	(B)			(0	-	_		(D)	(E)		(F)	
Name and title	Average		not c		more	than (		Reportable	Reportable		stimate	
	hours per week					ıs botl or/trus		compensation	compensation from related	ar	nount	
	(list any		T		l		Ė	from the	organizations	other compensation from the organization		
	hours for	diet.				2			(W-2/1099-MISC)			
	related	tee or	ustee		İ	ensat		(W-2/1099-MISC)	,			tion
	organizations	al trus	ag d		oyee	0 m					id rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			org	anizat	ions
		=	트	8	5 5	辛も	포					
		┨			]							
		├	$\vdash$	$\vdash$	<del> </del>	$\vdash$	-			+		
		1										
		$\vdash$	$\vdash$		┢	<del> </del>	<del>                                     </del>					
		1										
	<del> </del>		T	T		1		<del></del> -				
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· · · · · · · · · · · · · · · · · · ·			1									
							<u> </u>					
		1		<u> </u>	<u></u>					_		
1b Sub-total						. ▶		1,102,411.	· · · · · · · · · · · · · · · · · · ·			0.
c Total from continuation sheets to Part \	VII, Section A							0.		-		0.
d Total (add lines 1b and 1c)						_		1,102,411.	<del></del>			0.
2 Total number of individuals (including but	not limited to ti	hose	list	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			13
compensation from the organization				-						·····	Yes	7
3 Did the organization list any former office	u director or tra					<b>0.100</b>		highest compensated a	mpleyee on		1.03	+
3 Did the organization list any former office line 1a? If "Yes." complete Schedule J for			.e, x	ey e	при	•			mployee on	3		x
4 For any individual listed on line 1a, is the s			 omn		atını		 d ot		the organization	"	+	1
and related organizations greater than \$1	•		•					•	the organization	4	x	
5 Did any person listed on line 1a receive or			•					·=·	idual for services		T	†
rendered to the organization? If "Yes," con	-					-				5		х
Section B. Independent Contractors					<u>,</u>							_
1 Complete this table for your five highest of	ompensated in	dep	ende	ent d	cont	tracte	ors	that received more than	\$100,000 of compe	nsation	from	
the organization. Report compensation fo												
(A)								(B)			(C)	
Name and busines	s address							Description of	services	Comp	ensati	on
SCHUCHAT COOK & WERNER,												
STREET, STE 250, ST. LOU	JIS, MO	<u>63</u>	<u>10</u>	3				LEGAL FEES		1	<u>13,8</u>	<u> 308.</u>
									İ			
									1			
								<u> </u>				
2 Total number of independent contractors		not I	ımıte	ed to	the	ose li 1	ste	a above) who received i	more tnan			
\$100,000 of compensation from the organ	nization				_	<u> </u>		<del></del>			- 000	(0010)
232008										Ноп	n yyU	(2012)

159,324. Form **990** (2012)

e Total. Add lines 11a-11d

Total revenue. See instructions.

,554

235,487.6,076,163

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 4,350 Grants and other assistance to individuals in 5,000 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 382,059 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,473,999. Other salaries and wages Pension plan accruals and contributions (include 22,665 section 401(k) and 403(b) employer contributions) 18,726. Other employee benefits 195,623. Payroll taxes 10 Fees for services (non-employees): Management 142,257. Legal 20,635 Accounting Lobbying . Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,116. column (A) amount, list line 11g expenses on Sch O.) 27,969 Advertising and promotion 12 140,668 Office expenses 13 Information technology Royalties 15 <u>74,300.</u> Occupancy 16 82,079 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 202,813 19 Interest 20 Payments to affiliates . . . 1,187,074. 21 92,320. 22 Depreciation, depletion, and amortization 21,199. Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 12,725 a ARBITRATION 8,951 FLOWERS AND GIFTS d e All other expenses 5,128,528 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form **990** (2012)

Parl	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	<del></del>		. 🔲
			(A) Beginning of year	:	(B) End of year
	1	Cash - non-interest-bearing	1,399,253.	1	850,439
Ì	2	Savings and temporary cash investments	62,839.	2	150,204
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	:		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assers	7	Notes and loans receivable, net		7	
Ž	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,834.	9	7,499
-	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,653,737.			
	b	Less: accumulated depreciation	1,221,463.	10c	1,134,587
	11	Investments - publicly traded securities	2,439,028.	11	4,093,752
	12	Investments · other securities. See Part IV, line 11	493,717.	12	559,701
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,625,134.	16	6,796,182
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	,	18	
	19	Deferred revenue	···	19	
	20	Tax-exempt bond liabilities		20	
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
د		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D	8,177.	25	12,246
_	26	Total liabilities. Add lines 17 through 25	8,177.	26	12,246
-		Organizations that follow SFAS 117 (ASC 958), check here			
မွ		complete lines 27 through 29, and lines 33 and 34.		l	
<u>د</u> ا	27	Unrestricted net assets	<u>5,616,957.</u>	27	<u>6,783,936</u>
	28	Temporarily restricted net assets		28	<del> </del>
ğ	29	Permanently restricted net assets		29	<del></del>
וַ בַּ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □		}	
5		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	- <del> </del>
Ž	33	Total net assets or fund balances	5,616,957.	33	6,783,936
ĺ	34	Total liabilities and net assets/fund balances	5,625,134.	34	6,796,182

Form 990 (2012)

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

#### **Political Campaign and Lobbying Activities**

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ See separate instructions.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," 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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.		10	
Name of organization	CAT IDITON NO. 15		Empi	oyer identification number
Part I-A Complete if the ord	CAL UNION NO. 15 panization is exempt under	section 501/c) o	r is a section 527 or	36-3947727
Provide a description of the organiz     Political expenditures     Volunteer hours	zation's direct and indirect political	campaign activities in	Part IV	
Part I-B Complete if the org	janization is exempt under	section 501(c)(3		
1 Enter the amount of any excise tax			▶\$	
2 Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 for	r this year?		. Yes No
4a Was a correction made?				L Yes No
b If "Yes," describe in Part IV.  Part I-C Complete if the ord	janization is exempt under	section 501(c).	except section 5016	c)(3).
Enter the amount directly expended				-/\-!·
2 Enter the amount of the filing organ				
exempt function activities			▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
line 17b	•		▶\$	Yes X No
<ul> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If</li> </ul>	nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s	rom the filing organiza separate political orgar	tion's funds. Also enter th ization, such as a separa	h the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
	DOWNERS GROVE, IL			
PAC	60516	36-4383388	0.	74,396.
		<del></del>		
For Paperwork Reduction Act Notice.	see the instructions for Form 99	n or 990-F7	Schedule C	(Form 990 or 990-F7) 2012

232041 01-07-13

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SEE PART IV FOR CONTINUATION

	dule C (Form 990 or 990 EZ) 2012 IBI	W LOCAL	UNION NO. 1	5 5 501(a)(2) and file	36-3	3947727 Page 2
Par	t II-A Complete if the organial Celection under section		npt under section		a Form 5706	
	eck if the filing organization expenses, and share of	pelongs to an affile	expenditures).		group member's nan	ne, address, EIN,
3 Ch	eck Limits or  (The term "expenditur	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (	arass roots Johnvina)			
	Total lobbying expenditures to influence	•				
c	Total lobbying expenditures (add lines	-	2) (d)			
d	Other exempt purpose expenditures					
-	Total exempt purpose expenditures (ac	Id lines 1c and 1c	 N	٠ ا		
•	Lobbying nontaxable amount Enter the			n columns.		
் ட	If the amount on line 1e, column (a) or (b)		bying nontaxable am			
T	Not over \$500,000		the amount on line 1e.			
-	Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
ŀ	Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
F	Over \$17,000,000	\$1,000.		33 5751 \$1,000,000.		
L	Over \$17,000,000	γ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000			
g	Grassroots nontaxable amount (enter 2	25% of line 1ft				
_			•			
ï	Subtract line 1f from line 1c. If zero or			}		
;	If there is an amount other than zero o	-	line 1: did the organiz	ation file Form 4720		
,	reporting section 4911 tax for this year		into 11, ala tito organiz			Yes No
	(Some organization	4-Year Av		Section 501(h) n do not have to comp es 2a through 2f on pa		
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					
c_	Total lobbying expenditures					
A.	Grassroots nontaxable amount					
	Grassroots ceiling amount		<u> </u>			
	(150% of line 2d, column (e))					
f_	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

## Schedule C (Form 990 or 990-EZ) 2012 IBEW LOCAL UNION NO. 15 36-3947727 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b)		
of the lobbying activity.	Yes	No	Amo	unt	
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?		ļ			
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?		<del> </del>			
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?		1			
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)?		-		<del></del>	
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		1			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	ļ		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	)(5), or se	ection		
501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1	Х		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х	
Part III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	)(5), or se	ection		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No," O	R (b) Par	t III-A, Iir	ne 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1		<del></del>	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
expenses for which the section 527(f) tax was paid).					
a Current year		<u>2a</u>			
b Carryover from last year		<u>2b</u>			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	роппса				
		4	-	··-·	
Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information	<del></del>		L		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II.A /affil	listed aroun	lieth Part II	.Δ line 2:	
and Part II-B, line 1. Also, complete this part for any additional information.	ar ii A (aiiii	natou group	nou, raiti	, , L,	
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	FORMAT	TON:			
IBEW UNION LOCAL 15 PAC					
6330 BELMONT ROAD, STE 1 DOWNERS GROVE, IL 60516					
THE LOCAL'S ROADD AND MEMBERSHIP ADDROVED MONTHLY MR	MCFFP	g mo m	ימד שטי	7 <b>1</b> 37	
THE LOCAL'S BOARD AND MEMBERSHIP APPROVED MONTHLY TR	MADE EK	S TO T	HE IB	2 <b>W</b>	
LOCAL 15 PAC.					
	Schedi	ule C (Form	990 or 990	)-EZ) 20	
232043 01-07-13		- (			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

IBEW LOCAL UNION NO. 15

Employer identification number

5-	1BEW LOCAL UNION NO	J. 15	36-394/1/2/
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		used only
_	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		. Yes No
Pai		anization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	1.000114.1071 3. 2 0011.1	
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conservation easement on the last
2		ded Conservation Continuation in the form	or a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total aumbas of concessation accomments		
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
Ç.	Number of conservation easements on a certified historic stri	***	2c
d	Number of conservation easements included in (c) acquired a	after 8/1 //06, and not on a historic structu	1 I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	
	and section 170(h)(4)(B)(ii)?		Tyes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	•	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
~	the following amounts required to be reported under SFAS 1		- J, F
_	, ,		▶ \$
a	, , , , , , , , , , , , , , , , , , , ,		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		🚩 Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 IBEW LOCA	L UNION NO.	15	36-3	947727 Page 2
Par					
3	Using the organization's acquisition, accession,				
	(check all that apply):				
а	Public exhibition	a 🗀	Loan or exchange progra	ıms	
b	Scholarly research	<del></del>			
С	Preservation for future generations				
4	Provide a description of the organization's collection	tions and explain how th	ney further the organizate	on's exempt purpose in P	art XIII.
5	During the year, did the organization solicit or re-				
	to be sold to raise funds rather than to be mainta	•		. [	Yes No
Par	t IV Escrow and Custodial Arrange			'Yes" to Form 990, Part IV	/, line 9, or
	reported an amount on Form 990, Part X,	line 21.			
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other as	sets not included	
	on Form 990, Part X?				Yes No
ь	If "Yes," explain the arrangement in Part XIII and	complete the following	table:		
	•				Amount
C	Beginning balance			10	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			11	
2a	Did the organization include an amount on Form	990, Part X, line 21?			Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanati	on has been provided in	Part XIII	
Par	TV Endowment Funds. Complete if the	e organization answered	"Yes" to Form 990, Part	IV, line 10.	
	(a	a) Current year (b) F	Pnor year (c) Two yea	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				_
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current	year end balance (line 1	Ig, column (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment >	%			
С	Temporanly restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c should	equal 100%.			
За	Are there endowment funds not in the possessi	on of the organization th	at are held and administ	ered for the organization	<del></del> _
	by <sup>.</sup>				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	dule R?		3b
4_	Describe in Part XIII the intended uses of the or	ganization's endowment	funds		
Par	t VI Land, Buildings, and Equipmer	1t. See Form 990, Part >	(, line 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
		basis (investment)	basis (other)	depreciation	
1a	Land				
b	Buildings	1,084,909.		189,047.	895,862.
С	Leasehold improvements				
d	Equipment		472,490.		220,588.
	Other		96,338.		18,137.
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10(c).)		1,134,587.

Schedule D (Form 990) 2012

232053 12-10-12

chedule D (Form 990) 2012 IBEW LOCAL UNION NO. 15  Part XI Reconciliation of Revenue per Audited Financial Statemen	mto \A/itt			3947727 Page 4
<del></del>	LITZ AAITI	I Devellue bei D	eturn	6,295,507.
1 Total revenue, gains, and other support per audited financial statements				0,293,307.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	60,020.		
a Net unrealized gains on investments	2a	00,020.	ļļ	
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			60 000
e Add lines 2a through 2d			2e	60,020.
3 Subtract line 2e from line 1			3	6,235,487.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII )	_4b	·		_
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	6,235,487.
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	
1 Total expenses and losses per audited financial statements			1	5,128,528.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c		1	
d Other (Describe in Part XIII.)	2d		1	
e Add lines 2a through 2d		-	2e	0.
3 Subtract line 2e from line 1	••••		3	5,128,528.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				0,120,020
	4a			
	4b		1	
	40		4c	n.
• • • • • • • • • • • • • • • • • • • •	• •		5	5,128,528.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	<u> </u>	· · · · · · · · · · · · · · · · · · ·		3,120,320.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
			Sche	edule D (Form 990) 2012

#### SCHEDULE J (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. See separate instructions.

Open to Public Inspection Employer identification number

<u>36-3947727</u> IBEW LOCAL UNION NO. 15 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? .... 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III . . . Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

1

Schedule J (Form 990) 2012

Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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

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

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

	ļ	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ag Be	(E) Total of columns	(F) Compensation
		(i) Rase	(ii) Bonus &	(iii) Other	other deferred	benefits	(a)·(i)(a)	reported as deferred in prior Form 990
(A) Name and Title		compensation	incentive compensation	reportable	compensation			
(1) DEAN APPLE	E	162,811.	8,460.	2,767.	0	0	174,038.	0
တ်	3	L	0			0		0
(2) TERRY MCGOLDRICK	18	150,29	7,876.	1,995.		0.	160,164.	0.
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#### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

IBEW LOCAL UNION NO. 15

Employer identification number 36-3947727

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WAGES AND ARBITRATE DIFFERENCES BETWEEN MANAGEMENT AND LABOR. THE
ORGANIZATION HAD A MEMBERSHIP OF 6,089 AT THE END OF THE REPORTING
PERIOD.
FORM 990, PART VI, SECTION A, LINE 6: LINE 6 EXPLANATION - "A" AND "BA"
MEMBERS PAY THE FULL DUES AMOUNT OF THE MEMBER'S HOURLY RATE TIMES 1.75
TIMES 12 DIVIDED BY 26. THE "A" CLASSIFICATION IS FOR MEMBERS WHO ARE TO
RECEIVE A PENSION FROM THE INTERNATIONAL. "BA" MEMBERS DO NOT.
FORM 990, PART VI, SECTION A, LINE 7A: LINE 7A EXPLANATION - MEMBERS ELECT OFFICERS EVERY THREE YEARS.
FORM 990, PART VI, SECTION A, LINE 7B: LINE 7B EXPLANATION - THE MEMBERSHIP APPROVES CHANGES, IF ANY, TO THE BY-LAWS OF THE LOCAL.
FORM 990, PART VI, SECTION B, LINE 11: THE BUSINESS MANAGER AND THE
SECRETARY-TREASURER ARE AUTHORIZED TO REVIEW THE FORM 990 PRIOR TO ITS
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: 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.

15UN\_\_\_1

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public Inspection OMB No 1545-0047

> ► See separate instructions. ▶ Attach to Form 990.

Employer identification number 36-3947727

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) IBEW LOCAL UNION NO. 15 Name of the organization Parti

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization an	iswered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more r	elated tax-exempt

organizations during the tax year.)							
(a) Name, address, and EIN	(b) Pnmary activity	(c) Legal domicile (state or	m	(e) Public charity	<u> </u>	Section 512(b)(13) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section 501(c)(3))	eniny	Yes	S.
IBEW LOCAL 15 UNION BUILDING CORP							
6330 BELMONT						;	
DOWNERS GROVE, IL 60516	HOLD TITLE TO CONDO UNIT	ILLINOIS	501 C 2			×	
	Γ						
	<del></del>						
	_					_	

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

Schedule R (Form 990) 2012

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36-3947727

Page 2

Schedule R (Form 990) 2012 IBEW LOCAL UNION NO.

Percentage ownership Schedule R (Form 990) 2012 Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) General or F managing partner? Percentage ownership Yes No 9 Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(d)
(d)
(d)
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>©</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 232162 12-10-12 Part III Part IV

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more r	elated organizations listec	In Parts II-IV?			
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ity		:	1a	×	
b Gift, grant, or capital contribution to related organization(s)	٠	•		₽	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)		٠		14		×
Loans or loan guarantees by related organization(s)				9		×
f Dividends from related organization(s)		•		#		×
g Sale of assets to related organization(s)				19		×
		•		ŧ	_	×
i Exchange of assets with related organization(s)	•	•		÷		×
j Lease of facilities, equipment, or other assets to related organization(s)	•		:	į		×
k   pase of facilities por imment or other assets from related organization(s)				<del>-</del>		×
	. (7)			<b>:</b> ;	T	>
<ul> <li>Performance of services of membership of fundraising solicitations for related organization(s)</li> </ul>	organization(s)	٠	:	=	$\dagger$	4
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)		:	Ę	1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ization(s)	:		11		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		X
				_		
p Reimbursement paid to related organization(s) for expenses		:		은		×
q Reimbursement paid by related organization(s) for expenses				5		×
				-	<b>&gt;</b>	
r Other transfer of cash or property to related organization(s) c. Other transfer of cash or property from related organization(s)			:	= 4	+	×
If the answer to any of the above is "Yes." see the instructions for	t etallumost complete t	his line including covered	information on who must complete this line including covered relationships and transaction thresholds		1	١
I the answer to any of the above is Tes, see the fist uctions for	MIO IIIUSI COMPIEIE	ilis ilite, ilicidali ig covered	היים היים וימוספרוניו ווימטוניום איניים היים היים היים היים היים היים היים			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	ļ	٠
(1) IBEW LOCAL 15 UNION BUILDING CORP	Ø	32,068.CASH	CASH TRFD			
(3)						
(6)						
(4)						
(5)						
(9)						
232163 12-10-12	26		Schedule R (Form 990) 2012	R (Forn	990)2	2012

Page 4

27

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

(a) (b) (c) (d)	(q)	(0)	(d)		(6)	ε	(3)	s	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parmers ser (related, unrelated, 501(c)(3) excluded from tax	Ster Share of total total	Share of end-of-year	Dispropor- tionate allocations?	amount in box 20 managing ownership (form 105)	General or managing partner?	Percentage
			under section 3 12-3 14) Yes	1		S S S	(2001 1110 1)	Ses	
			-						
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							Schedule	R (For	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 IBEW LOCAL UNION NO. 15	36-3947727 Page 5
Schedule R (Form 990) 2012 IBEW LOCAL UNION NO. 15 Part VII   Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see	instructions).
	_
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#### Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

-	are filing for an Automatic 3-Month Extension, complete	-	•		•	► X
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	n 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a	a corporation
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	ion of time. You can electronically fi	le Form 88	68 to reques	t an extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	ssociated W	ith Certain
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elect	ronic filing o	f this form.
	w irs.gov/efile and click on e-file for Charities & Nonprofits		,			- ··· <b>,</b>
Part			submit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an autor					
-		natio o me	THE CALCUSION CHECK THIS DOX AND T	complete		
Part I or			,			
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use rorm 7004 to reques	t an extens	ion of time	
to me m	<del>                                     </del>	<del></del>	<del></del> _			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification	n number (EIN) or
print						
	IBEW LOCAL UNION NO. 15				36-394	<u>47727</u>
File by the due date (i	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social sec	unty numbe	er (SSN)
filing your	6330 BELMONT RD NO. 1				•	•
return Sec instruction		oreign add	ress see instructions			<del></del>
	DOWNERS GROVE, IL 60516	oroigir add				
	T DOWNLIND GROVE, III 00310					
	Detrum and for the return that the analysis in for (file		to application for each votices)			0 1
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)	•		UII
			<del></del>		<del></del>	<del></del>
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 o <u>r Form 990-EZ</u>	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720		<del>_</del>	09
Form 99	0-PF	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
roini 98	DEAN APPLE	1 00	Full 6670			12
		n n	OUNTED C CDOIM TI C	0516		
	pooks are in the care of ► 6330 BELMONT R	ע - ט		NOTO		
	hone No. ► <u>630-515-0907</u>		FAX No. >		<del></del>	. —
	organization does not have an office or place of busines					
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is for	the whole g	roup, check this
box 돈	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the exter	nsion is for.
1 Ir	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2013 to file the exemp	ot organiza	ition return for the organization nam	ed above.	The extension	on
ıs	for the organization's return for:	Ū	· ·			
	X calendar year 2012 or					
			ad anding			
	Lax year beginning	, ar	id ending	<del> · · —</del>	<b>-</b> '	
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return	Final return	n	
L	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and			
	timated tax payments made. Include any prior year over	-		3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa			-   55	Ψ	
		•	• • •			0
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$ [0.fo==0.000	0.
	. If you are going to make an electronic fund withdrawal			orm 8879		· · · · · · · · · · · · · · · · · · ·
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	ructions.		Form 8	3868 (Rev. 1-2013)